



# MADRE NAZARENA STUDENT'S HOUSE

311 Church Street, Richmond Victoria 3121, Australia

Tel: +61 3 9429 5979

Web: [www.fdz.com.au](http://www.fdz.com.au) Email: [shmelb@fdz.com.au](mailto:shmelb@fdz.com.au)

## APPLICATION CHECKLIST

This is a fillable PDF containing a checklist and forms. Once downloaded, you can complete it on your device, save it and then print it for signing. Alternatively, you can print out the blank checklist and forms to fill in by hand.

The free *Adobe Reader XI*, *Adobe Reader DC* or *higher* program will enable you to complete and save this PDF on your device. You can find the latest *Adobe Reader* program at <https://get.adobe.com/reader/>

**Forms must be printed for you to sign them – electronic signatures are not accepted.**

**Applicants must provide the following:**

- Completed *Application Form* (with colour ID Photo)  
*Note: Residents will have the opportunity to apply to renew their residency at Madre Nazarena Student's House (MNSH) before the end of the period they have indicated on their most recent Application Form.*
- Completed *Medical Form*
- Completed *Financial Responsibility Form*
- Letter of recommendation from Parish Priest, Minister or School Chaplain/Dean
- Copy of school/college/university enrolment
- Copy of passport or identification papers
- Holding Fee of \$100 (to be submitted with the *Application Form*)

**Applicants may provide the following:**

- Copy of certificate of religion/baptism (optional – *only tick this box if providing this*)

**Submit your forms and attachments by post or email to:**

Sr Floriana Lapolla FDZ  
Madre Nazarena Student's House  
311 Church Street  
Richmond VIC 3121  
Australia

Email: [shmelb@fdz.com.au](mailto:shmelb@fdz.com.au)



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Attach  
colour ID Photo  
here

## APPLICATION FORM

Academic Year: \_\_\_\_\_ (for a full academic year)

Surname/Family Name: \_\_\_\_\_

Given/First Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Birthplace: \_\_\_\_\_

Passport No: \_\_\_\_\_ or Driver's Licence No: \_\_\_\_\_

*(Include copy of passport or driver's licence)*

Religion: \_\_\_\_\_

*(Include letter of recommendation from Parish Priest/Minister or School Chaplain/Dean)*

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

### PARENTS

Names: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### EMERGENCY CONTACT PERSON IN AUSTRALIA

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### SCHOOL / COLLEGE / UNIVERSITY

Name: \_\_\_\_\_

*(Include copy of school/college/university enrolment)*

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### DEGREE / COURSE & MNSH RESIDENCY

Course Name: \_\_\_\_\_

Year Level:       1<sup>st</sup> Year       2<sup>nd</sup> Year       3<sup>rd</sup> Year       4<sup>th</sup> Year +

Course Start Date: \_\_\_\_\_ Proposed Arrival Date at MNSH\*: \_\_\_\_\_

*\*Date must be in December – February or in July for mid-year intakes*

Period of Residency at MNSH:       6 months       12 months

Preferred Single Room Style:       Standard       Medium       Large

#### PUBLICITY PERMISSION STATEMENT

I give permission for MNSH to use photos taken of me on their: *(Please tick at least one box below)*

publications     website     social media

I do not want photos of me to be used

\_\_\_\_\_  
*(Student's signature)*

Date: \_\_\_\_\_



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## MEDICAL FORM

Name of Student: \_\_\_\_\_

Medicare Number (in Australia): \_\_\_\_\_

Medical/Hospital Insurance Fund (in Australia): \_\_\_\_\_

Contribution Number: \_\_\_\_\_

Do you have ambulance cover?:  Yes  No

If not a member, are you willing to pay the ambulance costs should the need arise?:  Yes  No

Allergies (please also provide details):

Drug (eg Penicillin)  Food  Other – specify below

Your current medications (if any):

Do you have any special dietary needs?  Yes  No

If yes, please describe *(If you have dietary needs requiring special meals, also attach a copy of your dietitian's instructions.)*

Do you consider yourself to have a disability, impairment or long-term condition?  
*eg vision, hearing, physical, intellectual, learning, mental illness, acquired brain injury, medical condition*  Yes  No

If yes, please describe

Please specify any other health-related information that we should know:

Signature: \_\_\_\_\_  
*(Student's signature)*

Date: \_\_\_\_\_



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## FINANCIAL RESPONSIBILITY FORM

Name of Student: \_\_\_\_\_

**Please note:** *Payment is to be directly deposited into the Madre Nazarena Student's House bank account at the beginning of the month or as agreed by MNSH management.*

*We do not accept credit card payments.*

### PERSON RESPONSIBLE FOR ACCOUNT PAYMENT

Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Address:

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_