



MADRE NAZARENA STUDENT'S HOUSE

311 Church Street, Richmond Victoria 3121, Australia

Tel: +61 3 9429 5979

Web: www.fdz.com.au Email: shmelb@fdz.com.au

APPLICATION CHECKLIST

Each form is a fillable PDF file which means that once you download the form, you can either open it to type in and save form details (ie electronically complete it) or print out the form to then fill it in by hand. *Please note that the forms must be printed for you to sign them – electronic signatures are not accepted.*

You will need the free *Adobe Reader XI, Adobe Reader DC or higher* program to save electronically completed forms. To download the latest *Adobe Reader* program on your device, go to <https://get.adobe.com/reader/>

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 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*)

Please post to:

Sr Floriana Lapolla FDZ
Daughters of Divine Zeal
311 Church Street
Richmond VIC 3121
Australia



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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: _____

Attach photo here

Parents – Address: _____

Home Phone: _____ Work Phone: _____

Emergency – Contact Person in Australia: _____

Address: _____

Home Phone: _____ Work Phone: _____

School/University – Name: _____
(Include copy of school/university enrolment)

Address: _____

Phone: _____ Fax: _____

Degree / Course – Name: _____

Year Level: ☐ 1st Year ☐ 2nd Year ☐ 3rd Year ☐ 4th 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: ☐ 10 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 any boxes)

☐ publications ☐ website ☐ social media

☐ I do not want photos of me to be used

(Student's signature)

Date: _____



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MEDICAL FORM

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

List your current medication(s):

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:

(Student's signature)

Date: _____



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FINANCIAL RESPONSIBILITY FORM

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.*

Name of Student: _____

Person responsible for account payment: _____

Relationship to Student: _____

Address:

Phone: _____ Mobile: _____

Fax: _____

Email: _____

Signature: _____

Date: _____