



# JCU Brisbane Accommodation Services

## Student Application for Accommodation Placement

Please complete and submit this form if you wish to use the JCU Brisbane Accommodation Service. Your application will not be actioned until you have accepted an offer of a place at JCU Brisbane and receipt of the relevant fees is confirmed.

### PERSONAL DETAILS

Family Name

Given Name/s

Postal Address

Telephone  Facsimile

Email

Date of Birth  Day  Month  Year  Age  Years Male  Female

JCUB Offer number & start date

I require Accommodation Placement Assistance (fee \$A220)  Yes  No

Type of accommodation required  Homestay  Other (please specify)

If you require Homestay, please answer the following questions so we are able to find suitable accommodation:

Do you wish to live with a family with school age children? Yes  No  Do not mind

Are you willing to live in a home that has pets (eg cat or dog)? Yes  No  Do not mind

Do you smoke? Yes  No

Do you have any allergies? Yes  No  If yes, please give details:

Do you have any special food needs? Yes  No  If yes, please give details:

Do you have any special health problems? Yes  No  If yes, please give details:

Do you have any other special Homestay requirements? Yes  No  If yes, please give details:

### PAYMENT OPTIONS

Payment due - \$A220 Accommodation Placement Fee plus 4 weeks rent in advance (4x\$A200 or 4x\$220)

Bankdraft - I have attached a bankdraft made payable to 'Russo Higher Education' for AUD\$ \_\_\_\_\_

Electronic Funds Transfer - I have attached a copy of my EFT receipt for AUD\$ \_\_\_\_\_

The bank account details are:  
**Russo Higher Education**  
**National Australia Bank**  
**Brisbane Queensland Australia 4000**  
**BSB Number: 084-009**  
**Account Number: 588371207**

Credit Card - Please select from:  
 Bankcard  MasterCard  Visa AUD\$ \_\_\_\_\_  
Card Number: \_\_\_\_\_  
Name of Card Holder (please print): \_\_\_\_\_  
Signature of Card Holder: \_\_\_\_\_  
Card Expiry date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### DECLARATION

DECLARATION (All applicants must complete)

I declare that the information I have supplied on the application form is, to the best of my knowledge, complete and correct.

Signature  Date

### SEND APPLICATION TO:

**Admissions Department**  
James Cook University Brisbane  
349 Queen Street  
Brisbane QLD 4000 Australia  
Tel: +61 7 3001 7800  
Fax: +61 7 3001 7899



