



ACCOMMODATION BOOKING FORM

Please complete this form and email to chealth@redhs.com.au

STUDENT/STAFF CONTACT DETAILS

Student/Staff Name:

Postal Address:

Suburb/Town:

State:

Country:

Postcode:

Email:

Phone / Mobile:

EDUCATION INSTIUTION DETAILS

Institute/TAFE/University:

PLACEMENT WEEK

ARRIVAL DATE

DEPARTURE DATE

WEEK 1

WEEK 2

WEEK 3

WEEK 4

WEEK 5

KEY COLLECTION / RETURN

- Outside of normal business hours (8.00am – 5.00pm Monday to Friday) the key/swipe can be collected from the Acute Ward Nurse in Charge. Entrance is through the Urgent Care Centre.
- During business hours the key can be collected and returned at Front Reception.

Prospective guests must refer to the REDHS Student Handbook 'House Rules' for additional information prior to signing below and returning to Front Reception.

CANCELLATION REFUND POLICY

If a reservation is cancelled 7 days prior to the arrival date a fee equal to 10% of the total accommodation value for the reservation will be charged as a cancellation fee.

If a reservation is cancelled less than 7 days prior to the arrival date a fee equal to 50% of the total accommodation value for the reservation will be charged as a cancellation fee.

No refund will be given for altered dates after the completion of stay.

CREDIT CARD DETAILS

NUMBER

NAME ON CARD

EXPIRY DATE

CVV Number

I _____ have read and understand the House Rules as stated in the booklet and agree that I will comply with the Rules.

I agree that any additional costs that I may incur due to breaching these rules will be debited from my credit card. This includes repairs to the house or failure to return the swipe card.

Signature _____ Date ____/____/____