46 Lucan Street Student Accommodation



Dear Student

Thank you for your enquiry regarding accommodation at Bendigo Health. In order to process your request you will need to complete the form below and return it via e-mail to aservices@bendigohealth.org.au within 24 hours.

Surname:		First Name:	
Email:		Mobile Number:	
Address:		Suburb & postcode:	
Gender: M F			
Check in date:	Check out date:		University:
Name of student coordinator:	Email address of student coordinator:		Course:
Organisation where placement is	being facilitated:		
Please note the following condition Rate: \$165 per week per st placement.	J		
 Subject to availability you m Students are required to bri covers, doona and covers, 	ing their own linen	including: Dou	
 Wi Fi Internet access is ava arrival with your check in de 		rty - access wi	II be provided to you prior to you
 Attached is a brochure expl which you will be required to 	•		tions and a tenancy agreement
I acknowledge I have read and unconditions for staying at 46 Lucan		nmodation bro	chure and the terms and
Student name: Signat			Date:

Regards, Accommodation Services