## BEAUTY Constrained THERAPYE

## **APPLICATION FOR ACCOMMODATION - 2012**

PERSONAL DETAILS						
Learner Number:						
Surname: First Names:						
Date of Birth: Passport Number:						
Gender: M F ID Number:						
Parents/Guardians Name/s:						
Parents/Guardians Postal and Physical Address:						
Parents/Guardians Mobile No: Work No: Home No:						
Learners Mobile No:						
Learners Email: Parent/Guardian Email:						
General Statement of Health:						
Any restrictions or special requests?						
Name of Medical Insurance: Membership No:						
OCCUPATION DETAILS						
Envisaged date of occupation:						
Envisaged date of departure:						
Who is responsible for paying your rental?						
Attach copy of ID for responsible payee.						
Deposit of 1 months rent: (Please attach proof of payment):						
Room chosen (circle): Bedroom 1 Bedroom 2 Bedroom 3						
Accommodation will only be secured for you once you have returned the completed						
application form and paid your deposit by:						
REGULATIONS AND HOUSE RULES FOR TENANTS						
Before taking up residence I shall inform myself of all the regulations and house rules as						
laid down by the landlord/agent of that specific accommodation.						
I undertake to be bound by these rules and any that may be formulated or adapted in the future.						
Failure to comply with the house and/or agents rules may lead to my losing my						
accommodation.						
I also accept that the necessary personal insurance will need to be taken out by myself						
to protect me against any injury, theft or damage to myself or my own private property.						
I also accept that all endeavors will be taken by myself, landlord/agent to ensure that						
safety and security measures are adhered to at all times.						
I undertake to pay by the 25th of the month in advance.						
I undertake to pay for 12 months.						
I undertake to pay a 1 month deposit up front.						

Signed at:		on:	Day			
Month	year.					
Signature of Applicant:						
Signature of Parent/Guardian:						
	of Principal/Owner:					
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## Office Use only:

Accepted:	Y	Ν
Deposit Received:	Y	N
Form Received: (please circle)	Y	Ν

Single room:

R3 100.00 per month

Electricity is pre-paid by the learners

Food, will be to the learners' expense

A communal kitchen and bathroom will be provided

Maximum of 3 people per apartment

NOTE: THIS IS NOT A BOARDING HOUSE. IT IS A RENTED APARTMENT, PREDOMINANTLY FOR LEARNERS STUDYING AT THE BEAUTY THERAPY INSTITUTE, AND PERSONS RELATED TO THEM. SECOND TO THIS WOULD BE OTHER LEARNERS REGISTERED AT OTHER ACADEMIC INSTITUTIONS.