



GUEST SIGN IN FORM

FORM MUST BE SUBMITTED BY 9PM ON DAY OF GUEST VISIT

The full Guest Policy is available in the 'Living in Accommodation' booklet and in your Conditions of Occupancy.

Undergraduate Students from within Northern Ireland are permitted a maximum of 3 guest nights per calendar month. Undergraduate students coming from outside Northern Ireland are permitted 30 guest nights throughout their accommodation contract period. Postgraduate students are permitted 25% of their contract length.

All guests must be over 18 years of age. Students are permitted 1 guest at a time. The student resident is responsible for their guest at all times whilst on site. Guests will not be permitted on site without the resident present. Guests separated from residents may be offered emergency accommodation, for which the guest or resident will be charged £12.71 per night for a standard room, plus £5.45 for bedding hire. (Resident may also lose guest privileges).

To book a guest stay this form must be completed and returned to Elms Reception by 9pm on the day of the guest visit. (The guest does not have to be present when returning this form).

Upon arrival guest must come to reception, accompanied by the student resident, and sign the form. All guests must produce photographic identification. ***Guests who cannot produce ID will be refused.***

Upon departure guest must come to reception to 'sign out'.

Student/ Resident Information (Please Print Clearly)

| | |
|--|--------------------|
| First Name: | Surname: |
| Block & Room No: | Phone No: |
| Signature | Student No: |
| Student Type: Undergraduate (Northern Ireland) / Undergraduate / Postgraduate | |

Guest Information (Please Print Clearly)

| | |
|----------------------------------|------------------------------------|
| First Name: | Surname: |
| Age: | Phone No: |
| Address: | |
| Arrival Date: | Departure Date: |
| Guest Signature (Arrival) | Guest Signature (Departure) |

N.B IF GUEST REQUIRES CAR PARKING A SLIP MUST BE OBTAINED FROM RECEPTION. RESTRICTIONS APPLY – SEE RECEPTION STAFF FOR DETAILS.

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|---------------------------|---------------------|----------------------|
| OFFICE USE ONLY | | |
| DATE RECEIVED ___/___/___ | TIME RECEIVED _____ | STAFF INITIALS _____ |