ACCOMMODATION BOOKING REQUEST FORM

Title:  
First Name:  
Surname:  

Address 1:  
Address 2:  
Suburb:  
State:  
Post Code:  
Country:  

CONTACT DETAILS
Telephone (BH):  
(AH):  
Mobile:  
Email:  

PERIOD OF STAY
NB: Minimum stay is 7 days; Maximum stay is 12 months.
CHECK-in Date:  
Hospital/Service Start/Placement Date:  
CHECK-OUT Date:  
Expected Time of Arrival:  

EMERGENCY CONTACT DETAILS
Name:  
Relationship:  
Telephone:  
Mobile:  

OFFICE USE
CALLAN PARK HOUSE  
ALLAMBIE LODGE  
ARCADIA LODGE  
MOODIE ST.  
COOINDA APARTMENTS  
Date Received:  
Date Entered:  
Date Notified:  
Booking Ref:  
Room No.  

RENTAL PAYMENT ARRANGEMENTS
Credit Card  
Bank Chq  
Money Order  
Amount:  
Bond $  
Rent $  
No. of Weeks  

AHS Delegate:  
Signature:  

POSTAL ADDRESS:
PO Box 1  
Rozelle NSW 2039  
AUSTRALIA  
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Phone: +61 2 9810 3646