Hi

Thank you for your enquiry regarding offsite accommodation at BCH.

For all offsite accommodation booking requests, please provide the following information in the template below & email accommodation@basscoasthealth.org.au

Accommodation is situated offsite in one of our nurse/student shared houses located in close proximity to Wonthaggi Hospital.

Once your accommodation booking form has been filled out and returned you will receive a confirmation email confirming your accommodation. If you have any questions or concerns regarding your accommodation, please feel free to call me on the number below or send enquiries via email.

# Bayside Health (Bass Coast) - Offsite Accommodation Booking Form

## Fee Schedule

**Student:**
$25.00 per night capped at $125.00 per week. (Includes Wi-Fi and cleaning costs)

**Staff & Other:**
$50.00 per night capped at $250.00 per week. (Includes Wi-Fi and cleaning costs)

**Payment Terms:**
Please complete Credit Card details on the following page.
Your Credit Card will be charged as follows:

*Stays of four weeks or less* – full payment will be processed prior to the collection of keys
*Stays of more than four weeks* – payment equal to four weeks will be processed prior to the collection of keys. Additional fees will be charged in no. of weeks as agreed to, in advance of the period of additional accommodation commencing

**Keys: will only be issued following receipt of payment per the above payment terms**
Accommodation Keys can be collected from Wonthaggi Main Hospital Foyer Monday to Sunday between **2.00pm to 9.00pm**. After hours, please contact the Health Services Coordinator (24 hours) on 5671 3384 who will be able to assist you.

Please return your accommodation keys back to our Main Reception in the Wonthaggi Hospital Foyer or the Health Services Coordinator (HSC) by **9:00am** (if out of hours) on the day of departure unless alternative arrangements have been made.

**Further Information:**
Please contact the Accommodation Coordinator on (03) 5671 3102 or email to accommodation@basscoasthealth.org.au

| | |
|---|---|
| My Name: | |
| Address: | |
| Phone Number: | |
| **Private Email Address:**<br>**University Email is not accepted** | |
| Position at Bayside Health (Bass Coast): | |
| If other - please specify | |
| Department at Bayside Health (Bass Coast): | |
| Arrival Date: (Keys can be collected after 2pm) | |
| Departure Date: (Keys to be returned by 9am) | |
| Send the invoice to: | |
| Send invoice to: (if address different from above) | |
| Do you drive? | |
| Do you have your own means of transport? | |

**Mandatory Payment Information**
**Refer to Payment Terms**

**Type of Card:** ☐ **Mastercard** ☐ **Visa Card**

**Cardholder Name:** _____

**Card Number:** _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

**Expiry Date:** _ _ / _ _ **CVC Number:** _ _ _

**Signature:** _____ **Date** _ _ /_ _ / _ _

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**FINANCE USE ONLY**
***As per payment terms on page 1***

☐ Payment to be charged **IN FULL** on _____ **Amount:** _____
*(Insert date)*

☐ Payment schedule arranged and sent to accrec@basscoasthealth.org.au: _____
(*Insert date sent)*