

# Accommodation Provider Application Form



(Block Capitals Please)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Tel Home: \_\_\_\_\_ Mobile: \_\_\_\_\_

E-mail : \_\_\_\_\_

## Accommodation Address:

\_\_\_\_\_

\_\_\_\_\_

<i>Type of Accommodation Offered:</i>		<i>House sharing</i>	<i>Digs</i>
No. Bedrooms	Single room(s)		Double room(s)
	Male/ Female/ Either		Smokers (Y/N)
	Facilities for student with Disability (Y/N)		

<i>Charges per week:</i>	<b>B&amp;B</b>	<b>Half Board</b>	<b>Self Catering</b>	<b>Rent per month</b>
Five Days	€ _____	€ _____	€ _____	€ _____
Seven Days	€ _____	€ _____	€ _____	

## Travel Information:

Dart/Bus Availability: \_\_\_\_\_ Distance from College: \_\_\_\_\_ Miles: \_\_\_\_\_

## Any Other Relevant Information:

\_\_\_\_\_

\_\_\_\_\_

*I wish to be included on your on-line accommodation list. I have read and agree to the conditions attached.*

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**