**LEEDS TEACHING HOSPITALS NHS TRUST**

# ABOUT YOUR APPLICATION FOR TRUST RESIDENTIAL ACCOMMODATION

Prior to completing this form please note the following:

* The trust operates a residential policy for use by visiting elective students and students are advised to apply early as accommodation is subject to availability.
* Completion of the form does NOT guarantee accommodation.
* Should your application be successful a written offer of accommodation will be made to you.
* Please ensure that you fully complete the form or we will not be able to register you on the system and will not be able to book your room
* All rooms are single and you will share the kitchen, bathroom and sitting room with one other person of the same gender.
* All kitchens have a fridge, kettle, microwave, toaster and a supply of crockery and cutlery.
* Some of the kitchens have a full size cooker and washing machine which is available for students staying more than one week.
* Rooms are cleaned and linen changed between each resident. Sheets and towels should be left outside the door on Wednesday mornings and clean ones will be left for you.
* The office phone number is 0113 2065459 but please be aware that staff may be out of the office but will try to get back to you as soon as possible.
* During the evening and weekends, the security department will be able to assist in the event of an emergency. They can be contacted on 0113 20 68246 for general enquiries.
* Rooms should be vacated by 10.30am on the day of departure.
* Completed forms should be sent to [leedsth-tr.residences@nhs.net](mailto:leedsth-tr.residences@nhs.net)

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| **Applicant Information** | | | | | | |
| Surname: | | | Forename: | | | |
| Date of birth: | | Sex: Male/Female | | | | |
| Home/Correspondence address: | | | | | | |
| City: | Post Code: | | | | | Email address: |
| Telephone number: | | | | | Mobile Number: | |
| Job Role & CSU: | | | | | | |
| Reason for needing accommodation:  Visiting elective student (University of Leeds) | | | | | |  |
| **Employment Information** | | | | | | |
| Main place of work: Leeds General Infirmary/St James’s/ Chapel Allerton  Are you directly employed by the Trust? Yes / No  If yes, please provide your LTHT Payroll Number  If no, please provide details of your agency and confirmation that you are working at LTHT: | | | | | | |
| **PLEASE SPECIFY TYPE OF ACCOMMODATION REQUIRED** | | | | | | |
| Single - short term only (£13.42 per night inclusive of electricity and council tax) : | | | | | | |
| 2 bedroomed family house (£750 per calendar month, inclusive of gas, electric, water rates and council tax) Specify number and ages of children: | | | | | | |
| **COnditions of rental** | | | | | | |
| Rent will be deducted directly from all staff directly employed and paid through the Trust’s payroll | | | | | | |
| Rooms are not available for occupation until 4.00pm on arrival and must be vacated by 10.30am on departure day | | | | | | |
| **DATES ACCOMMODATION REQUIRED:**  **ARRIVAL: DEPARTURE:** | | | | | | |
| **THIRD PARTY PAYMENT ONLY name and address for invoice** | | | | | | |
| Surname: | | | | Forename: | | |
| Address: | | | | | | |
| City: | Email address: | | | | | Post Code: |
| Telephone number: | | | | | | |