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| logo bw no slogan | **ACCOMMODATION APPLICATION FORM &**  **PAYROLL DEDUCTION AUTHORITY** |

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| This form is to be used by staff wishing to request accommodation at Bendigo Health’s Atkins Street Accommodation Complex and to authorise the deduction of rent via their regular fortnightly pay. |
| **Details of Staff Member:** |

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| **Are you a new or existing staff member? Employee Number** | | | | YES | NO |
| **Surname:** |  | | | | |
| **Given Names:** |  | | | | |
| **Department:** |  | | | | |
| **Email Address:** |  | | | | |
| **Phone Number:** |  | | | | |
| **Accommodation Requirements:** | | | | | |
| **I would like to request accommodation**  (Please note accommodation is subject to availability. You can confirm availability by contacting Accommodation Services on 5454 8209 or [aservices@bendigohealth.org.au](mailto:aservices@bendigohealth.org.au) Alternatively Accommodation Services will be in contact to advise if accommodation is unavailable) | | | | YES | NO |
| **Number of adults** | |  | | | |
| **Number of children** | |  | | | |
| **Check in date** | | Click here to enter a date. | | | Check in - 2pm |
| **Check out date** | | Click here to enter a date. | | | Check out - 10am |
| **Payroll Deduction Authority (to be deducted from post-tax salary)** | | | | | |
| **I authorise Bendigo Health to deduct the rental fee from my fortnightly pay** | | | | | YES |
| **Dates:** | | | From: Click here to enter a date. To: Click here to enter a date. | | |
| **I understand that unless a check out date is provided that the authority remains in force until I change, cancel or suspend it. I understand that it is my responsibility to advice Payroll Services if sufficient pay is not available to carry out this deduction.**  **I also understand that the rental fee will increase by CPI annually from 1 July each year or in the case of rotating doctors it will increase in accordance with the Doctors in Training Enterprise Agreement. Staff will be advised in writing of any increase prior to the payroll deduction amount being adjusted.**  ***N/B – If you would like to salary package your rent you can contact Payroll Services to arrange by reimbursement method.*** | | | | | $       p/fortnight |
| **Living Away From Home Declaration** | | | | | |
| **I have signed the attached Living Away From Home Declaration** | | | | | YES |
| In order for Bendigo Health to meet its taxation obligations, we require all staff residing in any of Bendigo Health’s facilities to complete a living away from home declaration. Staff who own or rent a home in Australia from which they “live away” must have their home available for their immediate use and enjoyment during the period that their duties of employment require them to live away from home. Renting out an owned home or cancelling a lease on a premises is likely to mean that this criteria will not be met. If you do not own or rent a home in Australia – please note this on the declaration. Please be aware that completing the living away from home declaration will have no impact on your personal taxation circumstances. | | | | | |
| **Tenancy Agreement** | | | | | |
| **I have signed the Tenancy Agreement** | | | | | YES |

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| **Signed:** | | | | | |
| **Name** |  | **Signature** |  | **Date** | Click here to enter a date. |

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| Administration: | | | | | |
| CODE – 3620 Rent – Rotator | | | D Rate 1.05 F/N Rate 14.78 | | COST CENTRE |
| CODE – 3622 Rent – Non Rotator - 1 Bed | | | D Rate 40.00 F/N Rate 560.00 | |
| CODE – 3623 Rent – Non Rotator – 2 Bed | | | D Rate 47.15 F/N Rate 660.10 | |
| CODE – 3624 Rent – Non Rotator SHARE – 2 Bed | | | D Rate 23.58 F/N Rate 330.12 | |
| CODE – 3624 Rent – Senior – 1 Bed | | | D Rate 42.29 F/N Rate 592.06 | |
| CODE – 3626 – Rent – DIT (External Short Stay) | | | D Rate 75.00 | |
| SHORT STAY – Serviced 1 Bed (linen & weekly service) | | | D Rate 75.00 | |
| SHORT STAY – Serviced 2 Bed (linen & weekly service) | | | D Rate 95.00 | |
| SHORT STAY – Motel Accommodation (1 night) | | | Motel Rate (Subject to availability) | |
| Accommodation Services: | | | | | |
| HMO List & Database | Y  N  NA | Email Tenant & Requester | | Y  N  NA | |
| Diary | Y  N  NA | Condition Report (follow up in 7 days) | | Y  N  NA | |