

PASSPORT
PHOTO

TRALEE TOWN CENTRE APARTMENTS
APPLICATION FORM FOR RESIDENCY 2018/2019

Arrival Date: _____ Departure Date: _____

Surname: _____ First Name: _____

Permanent Address: _____

Telephone Number: _____ Mobile Number: _____

Email Address: _____

PPS Number: _____ **Required by legislation for all Irish students before you move in**

Please circle gender: Male Female Nationality: _____

Please circle room: Single Room Double Room

Date of Birth: _____

Course being studied: _____ Campus: _____

Entering Study Year 1st 2nd 3rd 4th Other **Please Circle**

If you wish to share an apartment with other students please specify their names.

Person 1. _____

Person 2. _____ Person 3. _____

(We will endeavour to satisfy your requirements but due to availability this cannot be guaranteed.)

Please provide details of any health problems/ special needs you would like us to be aware of.

Please give the name and phone number of the person you would like us to contact in the unlikely event of emergency:

Parent/ Guardian/ Guarantor Signature:

How did you hear about TTCA:

Car Reg. No: _____ Make/Model: _____ Colour: _____

Student Signature _____ Date _____

OFFICE USE

Apt. and Room No: _____

Deposits Paid: € _____ Date Received: _____

Signed Off By: _____ Date: _____