Dumfries and Galloway Health Board

Accommodation Request Form

|  |  |  |  |  |  |  |
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| PERSONAL DETAILS: | | | | Office Use | |  |
| Title: |  | | | Booking Ref: | |  |
| Forename: |  | | | | | |
| Surname: |  | | | | | |
| Middle Name: |  | | | | | |
| Department: |  | | | | 1st Placement if known | |
| Grade: |  | | | | | |
| Gender: |  | | | | | |
| Mobile No: |  | | | | | |
| Email: |  | | | | | |
|  | | | | | | |
| YOUR STAY | | | | | | |
| Hospital Site | DGRI/ Mountainhall (Please delete as appropriate) | | | | | |
| Date of Entry: |  | | Only available from start date. | | | |
| Date of Exit: |  | |  | | | |
|  | | | | | | |
| PERMANENT CONTACT | | | | | | |
| Permanent Address: | |  | | | | |
| Line 2: | |  | | | | |
| Line 3: | |  | | | | |
| Town / City: | |  | | | | |
| Region: | |  | | | | |
| Postcode: | |  | | | | |
| Country: | |  | | | | |
| Contact Number: | |  | | | | |
|  | | | | | | |
| * All accommodation is single occupancy only, within a shared flat/house. | | | | | | |
| * Shared cooking facilities are provided. | | | | | | |
| * Laundry facilities are available in the flat or nearby. | | | | | | |
| * Crockery and basic utensils are provided. | | | | | | |
| * Hospital bedding is provided; though you may wish to bring a duvet. | | | | | | |
| * Secure cycle storage is available (£5 deposit for key). | | | | | | |
| * Accommodation is provided free of charge; a £100 deposit will be charged. | | | | | | |
| * HMRC will tax this accommodation as a benefit-in-kind. | | | | | | |
| * Accommodation is not available to GP trainees beyond FY2. | | | | | | |
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| * Any enquiries please send by email to address below. | | | | | | |