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.
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| * Laundry facilities are available in the flat or nearby.
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| * Crockery and basic utensils are provided.
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| * Hospital bedding is provided; though you may wish to bring a duvet.
 |
| * Secure cycle storage is available (£5 deposit for key).
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| * Accommodation is provided free of charge; a £100 deposit will be charged.
 |
| * HMRC will tax this accommodation as a benefit-in-kind.
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| * Accommodation is not available to GP trainees beyond FY2.
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| * Any enquiries please send by email to address below.
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