Dumfries and Galloway Health Board

Accommodation Request Form

|  |  |  |
| --- | --- | --- |
| PERSONAL DETAILS: | Office Use |  |
| Title: |  | Booking Ref: |  |
| Forename: |  |
| Surname: |  |
| Middle Name: |  |
| Department: |  | 1st Placement if known |
| Grade: |  |
| Gender: |  |
| Mobile No: |  |
| Email: |  |
|  |
| YOUR STAY |
| Preferred Hospital Site | DGRI/ Mountainhall  | (Please delete as appropriate, though site cannot be guaranteed.) |
| Date of Entry: |  | Only available from start date. |
| Date of Exit: |  |  |
| Vehicle Make |  | Registration No. |  |
|  |
| 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 or 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).
* Sharing requests will be accepted, though cannot be guaranteed.
 |
| * Accommodation is provided free of charge.
 |
| * HMRC will tax this accommodation as a benefit-in-kind.
 |
|  |
| * Any enquiries please send by email to address below.
 |