



Metro on Central Application Form

Please Fill in Form Fields Below. Save and Email Application to: info@metrooncentral.com

Contact Bonnie – 0439 885 551

Promotion Code:

| | |
|-----------------|----------|
| Full Name:* | Gender:* |
| Mobile Number:* | DOB:* |
| Email:* | Campus:* |

Your Address/Country/Nationality:*

Please Supply One of The Following Driving License Number / Passport Number:*

Parents/Guardians: *

Name:

Number:

Address:

STUDY

Course Load:

Profile:

Year of Study:

Study Area:

Length of Stay:*

Date of Arrival:*

Do you Smoke:*

Flatmate Preference:*

Prefer to Stay With:*

Cleanliness:*

Describe Your Personality:*

Additional Information Regarding Flatmates You Would Prefer to Stay With:

Require Linen Pack:*

Require Car Park:*