**Accommodation template**

<Agency/institution letterhead>

<Date>

*To be completed and signed by Metropolitan Hospital/Facility*.

|  |  |
| --- | --- |
| Trainee Name: | Click here to enter text. |
| Metropolitan Training Hospital/Facility | Click here to enter text. |
| Accommodation Arrangements  ***(please tick only one)*** | Provided by the hospital at no charge to trainee  Provided by the hospital at a charge to the trainee  No accommodation provided by the hospital |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name: | | Click here to enter text. | | |
| Position: | | Click here to enter text. | | |
| (Director of Prevocational Training & Education, Director of Training, JMO Manager or equivalent from metropolitan hospital/facility) | | | | |
| Signature: |  | | Date: | Click here to enter text. |

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