

Accommodation Advertisement Form

Compulsory Fields *

*Mr/Mrs/Ms/Prof/Dr _____

*Name: _____

*Address: _____

Home Ph. No.: _____ Mobile: _____

Work No.: _____ Email Address: _____

Address of Accommodation to be advertised if different:

Contact Details Available for Students/Visitors to view:

Home Ph. No.: _____ Mobile: _____

Work No.: _____ Email Address: _____

Any Contact Details you wish us to keep private – please state e.g. phone no.

Type of Accommodation Offered:

Whole House House Sharing Apartment
Studio Room in Hse Student Residence Other

Property Description:

e.g. number of bedrooms available to rent

Living Arrangements:

Lodgings/Host Family Shared/Whole Property Owner Occupied Other Students
 Vacant Pets on site _____

Rent Price: **Bed & Breakfast** **B&B+Evening Meal** **Self-Catering**

5 Days € _____ € _____ € _____ per week/per month

7 Days € _____ € _____ € _____ per week/per month

Any other relevant information: E.g. will allow odd weekends/ during exams/
 Laundry extra cost/Smokers/Non-Smokers/extra costs etc.

No. of Bedrooms for rent: _____ No. of bedrooms en suite: _____

Single Room: _____ Twin Room: _____ Double Room: _____

Shared Facilities:

Bathroom	<input type="checkbox"/>	Bed Linen	<input type="checkbox"/>	Bicycle Storage	<input type="checkbox"/>
Broadband Internet	<input type="checkbox"/>	Clothes Line	<input type="checkbox"/>	Cooking Facilities	<input type="checkbox"/>
Cutlery / Crockery	<input type="checkbox"/>	Dishwasher	<input type="checkbox"/>	Double Glazing	<input type="checkbox"/>
Fridge Freezer	<input type="checkbox"/>	Furnished	<input type="checkbox"/>	Garage	<input type="checkbox"/>
Garden	<input type="checkbox"/>	Lounge	<input type="checkbox"/>	Microwave	<input type="checkbox"/>
Parking	<input type="checkbox"/>	Satellite/Cable TV	<input type="checkbox"/>	Shower	<input type="checkbox"/>
Study Facilities	<input type="checkbox"/>	Telephone	<input type="checkbox"/>	Television	<input type="checkbox"/>
Tumble Dryer	<input type="checkbox"/>	Washing Machine	<input type="checkbox"/>	Wooden Floors	<input type="checkbox"/>

Other Facilities:

Facilities for Student with Disability State if for mobility or sensory _____

Principle Language Spoken if sharing: Irish English Other _____

Close to: Shops Food outlets Shopping Centres Restaurants Cinema Pubs
 Leisure/Sport Complex Places of Worship Walks Cycle tracks
 Scenic area Close to the sea Golf Courses

Safety & Security:

Burglar/Security Alarm <input type="checkbox"/>	Carbon Monoxide Alarm <input type="checkbox"/>	Fire Alarm System <input type="checkbox"/>
Fire blanket <input type="checkbox"/>	Fire Extinguisher <input type="checkbox"/>	1 st Floor window locks <input type="checkbox"/>
Ground Flr. Window locks <input type="checkbox"/>	Smoke Alarm (s) <input type="checkbox"/>	

Suitable for:

Academic <input type="checkbox"/>	Children <input type="checkbox"/>	Postgrads <input type="checkbox"/>
Disabled <input type="checkbox"/>	Family <input type="checkbox"/>	Undergrads <input type="checkbox"/>
Individuals <input type="checkbox"/>	Males <input type="checkbox"/>	Smokers <input type="checkbox"/>
Pets <input type="checkbox"/>	Females <input type="checkbox"/>	Non-smokers <input type="checkbox"/>
Staff <input type="checkbox"/>	Couples <input type="checkbox"/>	Visitors <input type="checkbox"/>

Type of heating: Gas Oil Solid Fuel Electric Other Combination

BER Rating: _____ (A to G) **BER Reference No:** _____ (Please Quote Ref. No.)
(If you have one, why not display it)

Transport Information:

Parking Dart Bus Luas

Distance from College:

UCD Belfield _____ Miles/Km _____ Minutes (by bus/train/luas/car/bike/walk)

UCD Smurfit School _____ Miles/Km _____ Minutes (by bus/train/luas/car/bike/walk)

Tenancy Deposit Protection Scheme: Y / N (Please tick or circle)

Rents/Deposits:

Deposit Amount Charged € _____

*Price per Week (from) € _____ (to) € _____

Or

Price per Month (from) € _____ (to) € _____

What is included in the rent: Meals Water Electricity Gas Internet Cleaning

What is extra to the rent: e.g. Internet? Laundry? _____

Contract Length:

Contract Length: Short term / Semester / Academic Year / Summer

Available from: _____

Ad to run from: As above OR _____

Advert end date: _____ (we usually leave ad running for a month unless you contact us to say you have filled. We will also send an email/letter to check if you wish us to keep your ad active for longer than a month)

Any other relevant information that you think might be of help? : _____

OFFICE USE ONLY

Form Sent Date: _____

Form Returned: _____

Checked: _____

Put Live Date: _____

Amended on: _____