

### Appendix C- Family Housing Request Form

To be completed by the Learner requesting alternate housing for rotations in Newfoundland and Labrador and signed by their Program Director, Phase Lead or delegate.

**Family Housing Required for:**

Number of Individuals: \_\_\_\_\_

Please list relationship(s) to learner: \_\_\_\_\_

Other (please specify): \_\_\_\_\_

**Duration of Rotation:**

Start Date: \_\_\_\_\_

End Date: \_\_\_\_\_

**Location of Rotation:** \_\_\_\_\_

I certify that the above request is true, as per Section 5.0 of the Housing Policy-Newfoundland & Labrador, learners are eligible to receive family housing if their spouse/common-law partner and/or children/dependents will be accompanying them outside of St. John's for a period of eight (8) weeks or greater in the same location of a clinical placement, full-time and for the majority of a clinical learning experience. DME will consider providing housing to families on a core rotation which are less than eight (8) weeks in duration.

This form must be submitted eight (8) weeks before the start of a core rotation, without a completed form, DME cannot guarantee housing will be available, nor will a learner qualify for a reimbursement of private housing.

Learner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Program Director/Phase Lead Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Completed forms can be submitted to [dme.housing@mun.ca](mailto:dme.housing@mun.ca)  
or to Administrative Services in 2M227