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| --- |
| **Name:** |
| **Address:** |
| **Move in date:**  |
| **How long will you be staying at this address?**  |
| **Number of people staying at this address:**  |
| **Number of people sharing your room:**  |

**Accommodation Declaration Form**

Please tick the boxes below to confirm that:

[ ]  I have read, understood and agreed to abide by current [government guidelines](https://www.gov.ie/en/campaigns/resilience-recovery-2020-2021-plan-for-living-with-covid-19/?referrer=http://www.gov.ie/en/publication/acc4de-easing-the-covid-19-restrictions-on-10-august-phase-4/).

[ ]  I will not stay in accommodation that is overcrowded, unsafe or unhygienic.

[ ]  I will not share a room with more than one person.

[ ]  I agree to resubmit this form and provide my school with my new accommodation details if I change address.

[ ]  I confirm that the above information is correct. I agree that my data may be used to contact me to verify the provided information and that it may be used for the purposes of contact tracing in relation to confirmed or suspected cases of Covid-19. Your personal data will be treated with utmost care and will never be shared with third parties unless for the purposes specified above.