

Application for the waiting list for rooms and apartments

All boxes marked with * MUST be filled out, otherwise you will not be put on the waiting list.
You are responsible for giving us notice via e-mail in case of any changes in your situation.
You will receive confirmation as well as your number on the waiting list via e-mail within ten working days.

* **Full name:**

* **Telephone number:** (Please write more than one number if that makes it easier for us to reach you)

* **E-mail adress:** (Please write in block capitals)

* **Place of work:** (Hospital and department/branch) **Position:**

* **What kind of housing are you interested in:** (mark with x)

Single room	
1-bedroom apartments	
2-bedroom apartments	
3-4-bedroom apartments	
5-bedroom apartments	

Comments or requests:

* **Date and signature**