



Memorial University of Newfoundland REQUEST FOR FAMILY ACCOMMODATIONS FORM

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

Type of Family Accommodations Required:

- 2 individuals
- 3 Individuals
- 4 or more Individuals
- 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 Accommodations Policy- Newfoundland & Labrador, *learners are eligible to receive family accommodations if their spouse/common-law partner and/or children/dependents will be accompanying them for the entire duration of the clinical placement as per 1.1.1 and 1.2.1.*

This form must be submitted 8 weeks before the start of a core rotation, without a completed form, Rural Medical Education Network cannot guarantee accommodations will be available, nor will a learner qualify for a reimbursement of private accommodations.

Learner Signature: _____ Date: _____

Program Director/Phase Lead Signature: _____ Date: _____

Completed forms can be submitted via email to DME.Accommodations@mun.ca
or in-person to Suite 2M219

Office Use Only

DME Approval Signature: _____ Date: _____

Copy sent to Distributed APA Copy forwarded to Finance