

**YMDDIRIEDOLAETH GIG**  
**PONTYPRIDD & RHONDDA NHS TRUST**

**NOMINATION FORM FOR STAFF ACCOMMODATION**

Full Name			
NI.Number			
Post			
Dept./Directorate			
Male / Female			
Date of Birth			
Present contact address			
Present telephone no.			
Accommodation required	Family House*	Family Flat*	Single
Please ✓ as appropriate	Study Bedroom *		
If family accommodation required how many people	Adults	Children	
Date accommodation required			
Date of leaving if known			

Date: .././....
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Signature of staff requiring accommodation

Date: .././....
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Signature of H.R. Officer requesting accommodation/ or signature of Appointing Officer if HR Officer not present at interview.

**To be sent on offer of appointment to Ms Beverley Raven Residences Contract Manager Royal Glamorgan Hospital.**