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www.relocations-melb.com.au

## MELBOURNE CONFIDENTIAL QUESTIONNAIRE

<b>COMPANY DETAILS</b>		
Company name:		
Address:		
Tel:		Facsimile:
E-mail:		
Position with company:		
Personnel/Human Resources Manager:		
<b>EMPLOYEE DETAILS</b>		
Surname:		Given names:
Partner's name:		
Current address:		
Telephone:		Facsimile:
E-mail:		Mobile:
Title:		Nationality:
Date of birth:		Language spoken:
Drivers licence no:		Passport no:
<b>CHILDREN</b>		
Name:	Birth date:	School year:
Name:	Birth date:	School year:
Name:	Birth date:	School year:
Name:	Birth date:	School year:

Do you need us to help select suitable schools for your children?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Govt/state: <input type="checkbox"/>	Private: <input type="checkbox"/>	Catholic: <input type="checkbox"/>	Uni/TAFE: <input type="checkbox"/>
Educational consultant required?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other: Please indicate			
<b>MEDICAL</b>			
Do you or your family have any special medical requirements?			
<b>PLANNED ARRIVAL</b>			
Initial visit:			
Permanent arrival:			
Temporary accommodation required?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
To be arranged by Relocations in Melbourne?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Hotel: <input type="checkbox"/>	Serviced apartment: <input type="checkbox"/>
<b>HOUSING DETAILS</b>			
Rental – Fully furnished	<input type="checkbox"/>	Budget:	
Rental – Unfurnished	<input type="checkbox"/>	Budget:	
Is rental furniture required?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Preferred suburbs (if known):			
Inner city: <input type="checkbox"/>	Bayside <input type="checkbox"/>	Eastern: <input type="checkbox"/>	Northern <input type="checkbox"/>
House or Apartment:			
Style:			
Number of bedrooms: <input type="checkbox"/>		Number of bathrooms: <input type="checkbox"/>	
Special requirements, e.g. off-street parking:			
Do you need to be close to:			
Public transport? Yes <input type="checkbox"/> No <input type="checkbox"/>		Shopping centres? Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Schools: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Lease to be in the name of:		Length of lease:	

**PETS**

Will you be bringing any pets with you?

Yes

No

Please state details:

**ADDITIONAL INFORMATION (e.g. religious requirements)**

**AUTHORITY TO PROCEED**

Please sign in the space provided, authorising Relocations in Melbourne to proceed with your relocation, and return with the completed questionnaire.

Authorised by: \_\_\_\_\_

Title: \_\_\_\_\_

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

Length of stay: \_\_\_\_\_