

# Construction Worker Temporary Housing Application

Full Name

Date of Birth

Contact Number

Email Address

Current Address

Employer / Company Name

Job Title

Project Site

Expected Duration of Stay

Expected Start Date

Accommodation Preferences

Will family members stay with you? ☐ Yes ☐ No

Number of People (including yourself)

Special Requirements / Medical Needs

Transportation Required? ☐ Yes

Emergency Contact

Relationship to Emergency Contact

Other Information

