

ACCOMMODATION USE GENERAL CONSENT FORM

Form Number: RA-8 | Revised: 07-Sept-2017

PLEASE SIGN AND FAX OR EMAIL TO:

Program Support Coordinators

accommodation@rpap.ab.ca

FAX: 780-423-9917

Rotation: _____ Location: _____ Date of Rotation: _____

I, _____, hereby consent to fully comply with the **Rural Accommodation Policy (PS.01.009)** and **Accommodation Information (Form RA-4)** of the Alberta Rural Physician Action Plan that are currently in place and as may be amended from time to time. The current Rural Accommodation Policy and Accommodation Information and Rules are available on the RPAP web site. I acknowledge receiving a copy of the **Accommodation Information**, and confirm that I have had the opportunity to review and discuss the contents.

In addition, I hereby consent to comply with the rules and regulations of the landlord or property management company of the accommodation that I am occupying for the duration of my rural rotation. I acknowledge that I have received a copy of the landlord's rules and regulations (if applicable).

I also agree that I will inform RPAP in advance of any visitors including family that may be staying in the accommodation (see space provided below) as per the accommodation regulations. Family is defined as spouse and children only.

I also acknowledge that if accommodation is not clean or in good condition upon the completion of my stay, may result in my being invoiced for the cleaning or the cost of repair / replacement of lost/damaged items to reimburse the RPAP for the cost of these items and I will promptly pay RPAP for all amounts invoiced for such.

I agree to notify RPAP of any vacancy of my accommodation longer than 1 week and understand that vacancy checks may be conducted during that time frame.

I also acknowledge that due to accommodation congestion, I may be asked to share the accommodations I am assigned to.

Dated this _____ day of _____, 20_____.

Signature: _____

Visitor that will / may be with me during my stay in the RPAP accommodation:

Name: _____ Relationship to you: _____ Dates: _____

Name: _____ Relationship to you: _____ Dates: _____

Name: _____ Relationship to you: _____ Dates: _____

The personal information requested on this form is collected for the purpose of payment processing, program administration, and evaluation. If you have any questions about the collection, use, or disposal of the information requested, please contact: Manager of Corporate Services, The Alberta Rural Health Professions Action Plan (RhPAP), 2801 Telus House, 10020 – 100 Street NW, Edmonton, AB T5J 0N3 Phone: 780-423-9911 Fax: 780-423-9917 Email: info@rhpap.ca Website: www.rhpap.ca