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MELBOURNE CONFIDENTIAL QUESTIONNAIRE

COMPANY DETAILS		
Company name:		
Address:		
Tel:		Facsimile:
E-mail:		
Position with company:		
Personnel/Human Resources Manager:		
EMPLOYEE DETAILS		
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:
CHILDREN		
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			
MEDICAL			
Do you or your family have any special medical requirements?			
PLANNED ARRIVAL			
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"/>
HOUSING DETAILS			
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: _____