

Application For Accommodation in the Dunedin Quarters



Applicant Information			
Surname/Family Name:		Given Name(s):	
Preferred Name:	Date of birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Ethnic Group: <input type="checkbox"/> NZ European <input type="checkbox"/> Māori <input type="checkbox"/> Pacific Island <input type="checkbox"/> Asian <input type="checkbox"/> Other:			
Intended Programme of Study:			
Are you a returning student? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you an International student? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have a confirmed offer of a place at the University of Otago or Otago Polytechnic? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Your Current Postal Address			
Address:			
Telephone:	()	Mobile Phone:	()
Email:			We will send you an email on this address to confirm that we have received your application.
Emergency Contact/Next of Kin			
Name of emergency contact person:			
Relationship to you (e.g. parent, relative):			
Address:			
Telephone:	()	Mobile Phone:	()
Email:			
More About You			
To help us with room allocations, how would you describe your personality (e.g. quiet, outgoing, night owl, adventurous etc.)?			
Why do you want to live in the Quarters?			
List your interests and activities (cultural, sports, community service, church etc.):			
Medical Information			
The purpose of this section is to help TSCF assist you during your stay in Dunedin. Mild physical and psychological disorders can become serious when under the stress of studying away from home. The information provided will remain confidential and will only be shared with the necessary TSCF staff and/or appropriate professionals and only if it is relevant to your wellbeing. This information will NOT affect your application for the Quarters. It is important that TSCF is aware of any medical or emotional problems, past or present, which might affect you during your stay.			
Are you in good physical health <input type="checkbox"/> Yes <input type="checkbox"/> No			
If not, please give more information:			

Do you have a disability or medical condition? Yes No

If yes, please give more information:

Are you currently, or have you ever been treated, for any psychological, emotional and/or mental health problems? Yes No

If yes, please give more information:

Do you have any allergies to medication and/or foods? Yes No

If yes, please give more information:

Reference #1: Your church minister/leader or Christian worker who knows you well.

Name:

Context where they know you:

Address:

Telephone:

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Mobile Phone:

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Email:

Reference #2: Someone in authority who has known you for more than 3 years.

Name:

Context where they know you:

Address:

Telephone:

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Mobile Phone:

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Email:

Declaration, Consents and Submission

1. I agree that TSCF can obtain other information about me.
2. I agree that should I be successful with my application, I will be required to pay, prior to the start of the tenancy, at least 1 week and not more than two weeks rent in advance, and a bond of not more than the equivalent of four weeks rent.
3. I declare that this authority cannot subsequently be cancelled by me.
4. I consent to TSCF contacting my references that I have recorded on this form.
5. If TSCF is unable to make contact with you, the name and address supplied as "In Case of Emergency" shall be a contact address, this will include concerns around any unpaid rent.

I declare that to the best of my knowledge the information on this form is accurate. I agree to abide by the flat sharing agreement, including the ethos document, if I am offered a room.

Signature of applicant:

Date:

Please note: Photo ID is required (drivers license, New Zealand 18+ card, passport). Please supply a photocopy/scan with your application.

Please complete this form and send it to the following address:

James Allaway, TERTIARY STUDENTS CHRISTIAN FELLOWSHIP, PO Box 9672, Marion Square, Wellington, 6141

Tel: 04 3847274

Email: james@tscf.org.nz

Web: www.tscf.org.nz