



Application for Accommodation

for non-Laidlaw College students

Personal Details

Surname/Family Name Postal Address

First Name(s)

Preferred First Name

Date of Birth
day month year

Gender (please tick) Male Female Phone no. ()

Email address Mobile no.

Are you a: (please tick) NZ citizen/permanent resident International Student/Worker (requiring entry permit)

While living at Laidlaw College I will be: Studying Working Other (please state):

If studying, where will you be studying? Length of course?

If working, what is your occupation? Employer?

Period for which you are making an accommodation application:

Year: 20____ Month of arrival: _____ Month of departure: _____ OR Departure Date Unknown

Personal Relationship Details

Please indicate your marital status below:

Never Married Engaged Married Separated Divorced Widowed

Please provide the details of any family members (including your spouse) who will live with you in Laidlaw College accommodation:

Name	Relationship to you	Gender	Date of Birth

Accommodation Preference

What type of accommodation do you prefer? (Indicate order of preference with a 1, 2, 3, with 1 being your most preferred)

Family

2 bedroom flat 3 bedroom flat 3 bedroom house 4 bedroom house

Halls of Residence

Old single room (Note: limited availability) Standard single room Medium single room (women only) Large single room (women only)

Flatette with single study (for single person) Flatette with double study (for single person) Wheelchair/Mobility unit (for single person)

Flatette with single study (for married couple) Flatette with double study (for married couple) Wheelchair/Mobility unit (for married couple)

Referees

Please provide the details of two Referees (preferably one being your minister/pastor/church elder or youth pastor; AND the other being a mature person who knows you well who is not related to you)

Name	<input type="text"/>	Postal Address	<input type="text"/>
Church	<input type="text"/>		<input type="text"/>
Church Position	<input type="text"/>		<input type="text"/>
Phone no.	<input type="text"/>		<input type="text"/>
Mobile no.	<input type="text"/>	Email address	<input type="text"/>

Name	<input type="text"/>	Postal Address	<input type="text"/>
Relationship to you	<input type="text"/>		<input type="text"/>
Phone no.	()		<input type="text"/>
Mobile no.	<input type="text"/>		<input type="text"/>
Email address	<input type="text"/>		<input type="text"/>

Emergency Contact Person Details

In the event that you are in an emergency while living in Laidlaw College accommodation, please nominate a parent/guardian/next of kin or close friend for us to contact:

Emergency contact person

Relationship to you: Postal address

Phone no. ()

Mobile no.

Email:

Financial Details

How do you anticipate meeting the cost of living in Laidlaw College accommodation?

<input type="checkbox"/> Personal savings	<input type="checkbox"/> Student allowance
<input type="checkbox"/> Income from employment	<input type="checkbox"/> Student loan/living allowance
<input type="checkbox"/> Support from WINZ	<input type="checkbox"/> Personal support from: <input type="checkbox"/> Family <input type="checkbox"/> Church <input type="checkbox"/> Friends
<input type="checkbox"/> Other, please state:	<input type="text"/>

Christian Community

Laidlaw College is a Christian community. The College tries to avoid a narrowly regimented approach, but nevertheless expects the highest standards of morality, personal responsibility and sensitivity towards others.

Are you willing to abide by the Terms and Conditions of Residency as outlined in the Accommodation Guide? Yes No

Do you have any criminal convictions? Yes No If yes, please briefly provide details below:

Do you live with long-term effects of injury, illness or disability? Yes No If yes, please explain:

Medical/Dietary Information – for Halls of Residence Applicants only

Have you ever suffered from, or required treatment for, any of the following: *(Note: for some conditions we may require a professional medical report)*

	Yes	No	
Anorexia nervosa or bulimia	<input type="checkbox"/>	<input type="checkbox"/>	If yes to any of these, please give details (eg. severity? still current? medication? any special dietary requirements due to condition/allergies?) _____ _____ _____ _____ _____ _____ _____ _____
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	
Depression	<input type="checkbox"/>	<input type="checkbox"/>	
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	
Drug or alcohol addiction	<input type="checkbox"/>	<input type="checkbox"/>	
Drug allergy	<input type="checkbox"/>	<input type="checkbox"/>	
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	
Food allergy	<input type="checkbox"/>	<input type="checkbox"/>	
Severe headaches or migraines	<input type="checkbox"/>	<input type="checkbox"/>	

Do you smoke? Yes No Are you vegetarian? Yes No

Declaration

I confirm that all the information I have provided on this application is true and accurate, with no relevant information withheld.

Signature: _____ Date: _____

Please return this Application Form to: Residential Services Manager, Laidlaw College, Private Bag 93104, Henderson, Waitakere 0650; or fax to: 09-836 7801. Once your application has been accepted, you will receive an Offer of Accommodation. The signing and return of this Offer (and payment of the Reservation Fee where applicable) by the required date will confirm your accommodation.