



Laidlaw
College
TE WANANGA AMORANGI

NON-LAIDLAW COLLEGE STUDENTS APPLICATION FORM

SECTION ONE: PERSONAL DETAILS

Title (*Mr, Miss, etc*) _____ Surname/Family name _____
First name(s) _____
Preferred first name _____ Other names (*eg, maiden*) _____
Date of birth Day Month Year Gender (*please tick*) Male Female
Postal address _____
City _____ Postcode _____
Mobile no. _____ Phone no. _____
Work no. _____ Email address _____
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

SECTION TWO: 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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SECTION THREE: ACCOMMODATION TYPE

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

Family Accommodation

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

Halls of Residence (for single people and married couples without children)

TE AU (INTENTIONAL COMMUNITY)

Single Room
 Large Room
 Shared Room

TE HONO (INTENTIONAL COMMUNITY)

Single Room

EAST WING STUDIO ROOMS

Studio Room with single study Studio Room with double study
 Wheelchair/mobility unit

I/We would also like to include the meal package option YES / NO _____

SECTION FOUR: 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

Church name

Church position

Email address

Mobile no.

Phone no.

Name

Relationship to you

Email address

Mobile no.

Phone no.

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

Email address

Mobile no.

Phone no.

SECTION FIVE: FINANCIAL DETAILS

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

Personal savings

Student allowance

Income from employment

Student loan/living allowance

Support from WINZ

Personal support from:

Family

Church

Friends

Other, please state:

SECTION SIX: 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:

Do you live with long-term effects of injury, illness or disability? Yes No

If yes, please explain:

Please write a brief paragraph explaining how and when you came to faith in Christ? (use a separate piece of paper if you need room)

SECTION SEVEN: MEDICAL AND DIETARY INFORMATION – FOR HALLS OF RESIDENCE APPLICANTS ONLY

Have you ever suffered from, or required treatment for, any of the following: <i>(Note: for some conditions we may require a professional medical report)</i>	Yes	No	If yes to any of these, please give details (eg. severity? medication? Any special dietary requirements due to condition/allergies?)
Depression			
Drug or alcohol addiction			
Self-harm			
Asthma			
Diabetes			
Drug allergy			
Food allergy			
Any other medical condition we should be aware of?			
Do you smoke?			
Are you vegetarian?			

SECTION EIGHT: 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, Auckland 0650 or fax to: 09 836 7801. For those who would like to be part of the intentional community option there will be a brief interview (in person or by phone) before acceptance into accommodation. 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.

AUCKLAND CAMPUS

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