**Rimbrook Study Centre**

**APPLICATION FOR RESIDENCE**

1. Complete application form
2. Sign and date the declaration on the last page
3. Attach a photo of yourself to the application
4. Send the completed, signed and dated form to Rimbrook Study Centre:

**EMAIL**: [rimbrookstudycentre@gmail.com](mailto:rimbrookstudycentre@gmail.com) OR  
**POST**: 64 Hillcrest Road, Hamilton NZ

**I’M INTERESTED IN STAYING AT RIMBROOK FOR:**

□ Summer 2018/19 □ Semester A, 2019 □ Semester B, 2019

**PERSONAL DETAILS**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Title:** |  | **Family Name:** | | |  | **First Given Name:** | |  |
| **Second Given Name:** | | |  | | | **Preferred Name:** | |  |
| **Date of Birth:** | |  | | | | **Gender:** | |  |
| **Phone Nos:** | | **(H)** | |  | | **(M)** |  | |
| **Email:** | |  | | | | | | |
| **Home Address:** | |  | | | | | | |

**CULTURAL BACKGROUND**

|  |  |  |  |
| --- | --- | --- | --- |
| **Nationality** (as shown on passport): |  | **Ethnicity:** |  |
| **Religion:** |  | | |

**ACADEMIC RECORD**

|  |  |
| --- | --- |
| **Name of High school(s) attended** (please indicate number of years attended) |  |
| **NCEA Level 3 subjects** |  |
| **Previous tertiary institutions attended** (please indicate number of years attended) |  |

**TERTIARY STUDIES**

|  |  |
| --- | --- |
| **What is your intended plan for study while living at Rimbrook?** (in order of preference) | |
|  | |
| **Have you been accepted into an institute of tertiary education for the time you have would like to stay at Rimbrook?** | **University of Waikato**: Yes/No  **Wintec**: Yes/No  **Other**: Yes/No |

**REASON FOR APPLICATION**

|  |
| --- |
| **Why would you like to live in Rimbrook?** |
|  |

**FINANCIAL SUPPORT**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **How will you support yourself financially during your stay at Rimbrook?** (e.g. student allowance, part time job, parental support, student loan, scholarship): | | | | | | | | |
|  | | | | | | | | |
| **Guarantor of fees:** If you fail to pay your fees please indicate who we can contact to guarantee payment. | | | | | | | | |
| **Title:** |  | **Family Name:** | |  | **First Given Name:** | |  | |
| **Phone Nos:** | | **(H)** |  | | **(M)** |  | | |
| **Email Address:** | |  | | | **Relationship to you:** | | |  |

**HEALTH**

|  |
| --- |
| **Do you have any health concerns, illnesses, impairments, or injuries which would require special consideration in any way?** (please note – special diets will only be provided for medical reasons) |
|  |
| **Are you on medication for any of the above?** |
|  |

**REFERENCE DETAILS:** Please enter the contact details of two references

|  |  |  |  |
| --- | --- | --- | --- |
| **Referee 1 Name:** |  | **Relationship to you:** |  |
| **Contact No:** |  | **Email:** |  |
|  | | | |
| **Referee 2 Name:** |  | **Relationship to you:** |  |
| **Contact No:** |  | **Email:** |  |

**DECLARATION:** I declare that all the information provided in this application form is true.

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature:** |  | **Date:** |  |