

APPLICATION FORM

PLEASE COMPLETE ALL SECTIONS CLEARLY IN PEN.

A PERSONAL DETAILS	
Please write your course of study	
Name	<i>Please print your full legal name as shown on your Birth Certificate or Passport:</i>
	Surname (family name)
	Given Name(s)
	Preferred Name
	Preferred Title Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Mr. <input type="checkbox"/> Other:
Contact Details	<i>Please print the address you would like your mail sent to:</i>
	Street Address
	Suburb
	Town/City & Country
	Phone
	Mobile
	Email
Date of Birth	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 19 <input type="text"/> <input type="text"/>
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
Next of Kin	<i>Please identify the contact of a person you would like us to contact in an emergency i.e. parents or guardian:</i>
	Full Name
	Relationship
	Street Address
	Suburb
	Town/City & Country
	Phone
	Mobile
	Email
Citizenship	Please tick the box which best describes your citizenship:
	New Zealand Citizen NZL <input type="checkbox"/> Australian Citizen AUS <input type="checkbox"/>
	Other <input type="checkbox"/>
	If you answered 'Other' please specify your citizenship and if you are a New Zealand Permanent resident: Citizenship:
B CHARACTER REFERENCE	
Reference	<i>Please provide the contact details of a person who can give you a character reference in support of your accommodation agreement with us.</i>
	Name of Person
	Relationship
	Phone
	Mobile

C ACCOMMODATION DATES

Course	Please Tick the Course (s) you will be requiring accommodation for:				
Course	Start date	End date	Duration		
First Wave Army: Certificate in Evangelism Part 1	February	June	20 wks	<input type="checkbox"/>	
First Wave Army: Certificate in Christian Ministries Part 2	July	December	22 wks	<input type="checkbox"/>	
Ministry Internship Program	February	December	45 wks	<input type="checkbox"/>	
Diploma in Counselling	February	December	45 wks	<input type="checkbox"/>	
Diploma in 3D Animation Year 1 & 2	February	December	45 wks	<input type="checkbox"/>	
Diploma in 3D Animation Year 1 & 2	July (if applicable)	July (if applicable)	45 wks	<input type="checkbox"/>	
Boot Camp:	2 nd Feb 09	21 st Feb 09	20 days	<input type="checkbox"/>	
Other Arrangements – please specify:				<input type="checkbox"/>	

D HEALTH

Medical	Do you have?	Yes	No	Any of the below mental health issues:	Yes	No
	Allergies	<input type="checkbox"/>	<input type="checkbox"/>	Depression	<input type="checkbox"/>	<input type="checkbox"/>
	Physical Illness	<input type="checkbox"/>	<input type="checkbox"/>	Anxiety	<input type="checkbox"/>	<input type="checkbox"/>
	Regular Health Trouble	<input type="checkbox"/>	<input type="checkbox"/>	Suicidal Tendencies	<input type="checkbox"/>	<input type="checkbox"/>
	Any Disabilities	<input type="checkbox"/>	<input type="checkbox"/>	Schizophrenia	<input type="checkbox"/>	<input type="checkbox"/>
	Medication	<input type="checkbox"/>	<input type="checkbox"/>	Bi-polar	<input type="checkbox"/>	<input type="checkbox"/>
	Please list medication here:			Other – please specify:		
Please give details of any other medical concerns:						
.....						

E GENERAL INFORMATION

Convictions	<i>As set out in the Privacy Act of 1993 you are not required to answer this question for any prior convictions more than 7 years old.</i>					
	Have you had any criminal convictions in the past 7 years?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
	Please specify your convictions and any other details:					
	Do you give permission for Lifeway Campus to do a police check on your convictions record?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Special Diet	Do you have any special dietary requirements such as vegetarian or religious*?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
	If 'Yes' please specify:					
					
	* You may be required to pay an additional weekly fee for specific dietary requirements.					
Linen	International Students Only: Do you require linen? i.e. duvet, sheets, pillow etc	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	

F FEES & ACCOMMODATION

Payment	How will you pay your weekly food & accommodation fees?					
	Student Loan	<input type="checkbox"/>	Student Allowance	<input type="checkbox"/>	Other.....	<input type="checkbox"/>
Accommodation	Please select which Accommodation Option you prefer:					
	<input type="checkbox"/>	\$215 - Standard Single Room*	<input type="checkbox"/>	\$190 - Shared Room* **		
	<ul style="list-style-type: none"> * Subject to room availability and course. ** For married couples or same gender only Please refer to the Campus Accommodation Fee Schedule for fees and more details on payments. 					

DECLARATION STATEMENT To the best of my knowledge the information supplied in this application is true and correct and no relevant information has been withheld. I agree to pay all fees when due and to abide by the policies set out in the Campus Handbook.

Signature:	Date:	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	20	<input type="checkbox"/> <input type="checkbox"/>
Parent/Guardian Signature <i>(if applicant is under 18 years of age):</i>	Name:				