

CHESTER HOUSE

APPLICATION FORM

Please complete this form and return it to Andrew Meek (andrew@otbc.org.nz) with a written reference from someone who knows you well (e.g. pastor, teacher, coach etc.)

YOUR DETAILS							
Full Name:				Preferred Name:			
	Surname	First na	ames				
Address:							
	Street Address						
	Town/City			Post Code			
Phone/Mobile:Em		Email:		Birthdate:			
		STUDY	/WORK DETAILS				
Will you be year:	studying or workir						
If studying,	what course do yo	ou intend to take:					
Tertiary Institution:				Y	/ES NO		
If working, c Christchurch	·	med employment in etails:					
Expected m	ove in/move out o	ate (if your application is	s accepted, you will a	agree to pay rent throughout this p	period):		
Move in:	Move o	ut: If you	want to stay on after	the study year this can be discus	sed later on		
		PERSO	NAL STATEMEN	Т			
Please give	ous get to know three words that urself and why:	you by answering the fo	ollowing questions				
		2.					
		3.					
	e three most ings to you in life	1.					
		2.					
		3.					

Why do you wish to come to live in Chester House?							
Have you flatted YES NO before? What are your expectations of flatting?							
How do you think you will cope with situations that typically arise in a flat? ie. issues with cleaning, dishes, cooking, noise, etc.							
How do you feel about living with people who might not believe the same things as you do about Faith/God?							
What are your personal goals?							
	OTHE	R INF	ORMATION				
Do you have any special food requirements? If yes, please give details:	YES	NO					
Do you have any disabilities? If yes, please give details:	YES	NO					
Will this be your first year living away from home? If no, please give details:	YES	NO					
Do you know anyone else applying for Chester House? If yes, please give details (including relationship to you):	YES	NO					
Do you have any medical conditions (e.g., epilepsy, depression, etc.) If yes, please give details:	YES	NO					
Please provide contact details for a reference (including relationship to you):			Name: Phone: Relationship:				
DISCLAIMER & SIGNATURE							
I confirm that I have completed this application form myself, and the information within it is true and complete to the best of my knowledge.							
Signature:			Date:				