

## **CHESTER HOUSE**

## **APPLICATION FORM**

Please complete this form and return it to Samantha Luskie (<u>samantha@brl.org.nz</u>) with a written reference from someone who knows you well (e.g. pastor, teacher, coach etc.)

	YOUR	RDETAILS
Full Name:		Preferred Name:
Surname	First names	· · · · · · · · · · · · · · · · · · ·
Address:		
Street Address	S	
Town/City		Post Code
Phone/Mobile:	Email:	Birthdate:
	STUD	Y DETAILS
What aguras do you inter	ad to toko:	
What course do you inter	id to take.	YES NO
Tertiary Institution:		Will this be your first year of tertiary study? ☐ ☐
Expected move in/move	out date: (Please note that you w	vill be expected to pay rent from 1st Feb– 30th Nov)
Move in: Mo	ve out:	
	PERSONA	L STATEMENT
Please help us get to kr	now you by answering the follow	ving questions
Please give three words to describe yourself and who		
	2.	
	3.	
What are the three most important things to you in life and why?	1. i life	
	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:
D	ISCLA	IMER	& SIGNATURE
I confirm that I have completed this applic the best of my knowledge.	ation for	m mys	elf, and the information within it is true and complete to
Signature:			Date: