



**APPLICATION FORM**

Please complete this form and email with one written reference to Andrew Meek: [andrew@otbc.org.nz](mailto:andrew@otbc.org.nz)

**YOUR DETAILS**

Full Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_  
*Surname First names*

Address: \_\_\_\_\_  
*Street Address*

\_\_\_\_\_  
*Town/City*

\_\_\_\_\_  
*Post Code*

Phone/Mobile: \_\_\_\_\_ Email: \_\_\_\_\_ Birthdate: \_\_\_\_\_

**STUDY/WORK DETAILS**

Will you be studying or working in 2020: \_\_\_\_\_

If studying, what course do you intend to take: \_\_\_\_\_

Tertiary Institution: \_\_\_\_\_ Will this be your first year of tertiary study? YES  NO

If working, do you have confirmed employment in Christchurch? If so, provide details: (organisation/role/expected hours) \_\_\_\_\_

Expected move in/move out date (if your application is accepted, you will agree to pay rent throughout this period):

Move in: \_\_\_\_\_ Move out: \_\_\_\_\_ If you want to stay on after the study year this can be discussed later on.

**PERSONAL STATEMENT**

Please help us get to know you by answering the following questions

Please give three words that describe yourself and why: 1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

What are the three most important things to you in life and why? 1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Why do you wish to come to live in Chester House?

Have you flatted before? YES NO

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?

#### OTHER INFORMATION

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 in Christchurch? 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

#### 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: \_\_\_\_\_