

APPLICATION FORM: ST ANDREW'S STUDENT HOUSE

Mail: St Andrew's House Committee, Armidale Uniting Church, Armidale Uniting Church,
PO Box 364, Armidale NSW 2350

If you have any questions about this form please do not hesitate to contact us

P: (02) 6772 9054 | E: admin@armidaleunitingchurch.org.au

I wish to apply for residence at St Andrew's House, commencing on: ____/ ____/ 20____

I wish to enter into an agreement for ____ months

Personal & Contact Details

Name: _____
(Title) (Given Name) (Middle Name) (Family Name)

Place of Birth: _____ Date of Birth: ____/ ____/ ____

Address: _____

Mobile Phone No: _____ Alternate Phone No (if applicable): _____

E-mail: _____

Next of Kin / Emergency Contact (Please circle)

(Title) (First Name) (Family Name)

Relationship to you: _____

Mobile Phone No: _____ Alternate Phone No (if applicable): _____

Education

Proposed/Current University Course: _____ Year level: _____

What is your intended profession or career? _____

Rent Payments

Who will pay your rent? (please circle) **Self** **Other** (please specify below)

Full Name of person or organisation who will pay your rent:

Mailing address: _____

Phone No: _____ Business / Home / Mobile (circle)

E-mail: _____

Return by email or mail to **St Andrew's House Committee**, Armidale Uniting Church, PO Box 364, Armidale NSW 2350 (Australia)

Employment and Other Experience

List any recent part-time or full-time employment, or work experience that you have gained, including when and for how long:

What church communities, clubs, organizations, societies, charities, or community groups have you been involved in?

What other interests (cultural, hobbies etc.) do you have?

How do you think living at St Andrew’s Student House could benefit you?

Are there any particular matters, such as medical conditions, dietary restrictions, etc. which you think the church ought to know about? (Note: should there be a matter of a sensitive nature, you may raise it at your interview.):

Referees

(Referees should be people NOT related to you).

1st Referee Name: _____
(Title) (Given Name) (Family Name)

Relationship to you: _____ Position: _____

Phone No: _____ Business / Home / Mobile (circle)

E-mail: _____

2nd Referee Name: _____
(Title) (Given Name) (Family Name)

Relationship to you: _____ Position: _____

Phone No: _____ Business / Home / Mobile (circle)

E-mail: _____

APPLICATION CHECKLIST

I have completed all relevant sections of the application form (2 pages)

I have listed TWO referees who are NOT related to me.

Please indicate how you **first heard** about the **St Andrew’s Student Accommodation** (circle):

Word of mouth, relative, friend, other: _____

Applicant Signature: _____

Date: ___/___/20___