

INDEPENDENT UNIVERSITY COLLEGES OF NEW ZEALAND

IUCNZ is a cluster of Independent Colleges affiliated with the University of Otago.



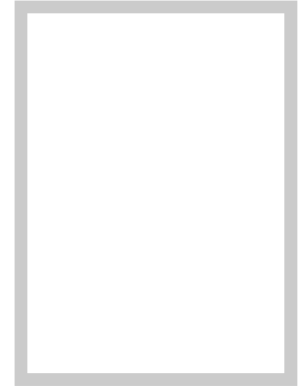
ADDITIONAL INFORMATION FORM FOR INDEPENDENT COLLEGE APPLICATION

This form is for applicants to independent colleges affiliated with the University of Otago. It supplements the University of Otago accommodation application form. Independent Colleges collect additional information to assist with pastoral care and the selection of a community with a diverse range of talents. Furthermore, early collection of information helps College Heads learn more about new members of the College so that a warm and full welcome can be ensured for successful applicants when they take up residence in College.

SECTION 1 PERSONAL DETAILS (please print clearly)	
Family Name _____	Given Names _____
Preferred Name _____	Ethnicity _____
Date of Birth (DD/MM/YYYY) _____	Iwi Affiliation _____
School attended _____	Religion/Denomination _____
SECTION 2 ADDRESS DETAILS	
MAIN DETAILS for correspondence (this should be your active address; your offer will be sent to this address)	
Street _____	Suburb _____
City/Town _____	State/Region _____
Postcode _____ Country _____	Email _____
Home Phone _____	Mobile Phone _____
Name of FATHER or LEGAL GUARDIAN _____	<input type="checkbox"/> Please tick if address is the same as 'main details' above
Title _____ Name _____	Occupation _____
Street _____	Suburb _____
City/Town _____	State/Region _____
Postcode _____ Country _____	Email _____
Home Phone _____	Mobile Phone _____
Name of MOTHER or LEGAL GUARDIAN _____	<input type="checkbox"/> Please tick if address is the same as 'main details' above
Title _____ Name _____	Occupation _____
Street _____	Suburb _____
City/Town _____	State/Region _____
Postcode _____ Country _____	Email _____
Home Phone _____	Mobile Phone _____

SECTION 3 PHOTOGRAPH

Please tape or loosely affix THREE recent passport photos here, with your name written on the back

**SECTION 4 ADDITIONAL REFEREES**

Name of FIRST REFEREE

Title _____ Name _____ Relationship to applicant _____

Street _____ Suburb _____

City/Town _____ State/Region _____

Postcode _____ Country _____ Email _____

Home Phone _____ Mobile Phone _____

Name of SECOND REFEREE

Title _____ Name _____ Relationship to applicant _____

Street _____ Suburb _____

City/Town _____ State/Region _____

Postcode _____ Country _____ Email _____

Home Phone _____ Mobile Phone _____

SECTION 5 COLLEGE PREFERENCE

Please RANK Independent College preference (1=college of first preference, 2=college of second preference, etc.)

Selwyn College

Knox College

St Margaret's College

Salmond College

Please explain why you have selected your College of first preference.

What do you hope to add to the community in your College of first preference?

Is there any other information you would like to be considered with your application?

SECTION 6 CURRICULUM VITAE (optional, but recommended)

If you wish, you may attach a copy of your Curriculum Vitae with this form.

Please tick here if you have done this.

SECTION 7 SIGNATURE

Please sign and date here.

Applicant's signature _____ Date _____

CHECKLIST

- Additional information form completed, signed and dated
- Three recent passport photographs affixed
- University of Otago application form completed separately and returned to the University accommodation office

NEXT

Please send this completed form, together with attachments, directly to your COLLEGE OF FIRST PREFERENCE.
Addresses for the Independent Colleges are listed here:

SELWYN COLLEGE, 560 Castle Street, Dunedin 9016

KNOX COLLEGE, Knox Street, Opoho, Dunedin 9010

ST MARGARET'S COLLEGE, 333 Leith Street, Dunedin 9016

SALMOND COLLEGE, 19 Knox Street, Dunedin 9010