



SELWYN COLLEGE

APPLICATION FORM

SENIOR RESIDENT / RESIDENTIAL FELLOW 2012

Selwyn College, 560 Castle Street, Dunedin 9016.

Office: 03 4773326

Fax: 03 4779926

www.selwyn.ac.nz

office.selwyn@otago.ac.nz

Thank you for your interest in a Senior Resident Scholarship at Selwyn College.

For application closing date, please see our website.

Applicant Details

1. Full Name:	
2. Contact Address:	
3. Summer Address:	
4. Contact Phone / Fax / Email Details:	
5. Summer Contact Phone / Fax / Email Details:	

6. Date of Birth: / /	7. Tertiary Qualifications (If Applicable) :
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Current University Course: (Include year of Study)	
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8. Previous experience of a University College:

9. Names of two personal referees who may be contacted. One referee should be able to speak to your ability to undertake this role in addition to your academic commitments:	
Name:	Name:
Address:	Address:
Phone No:	Phone No:

10. What attributes/leadership skills do you believe you would bring to the position?

11. Status of First Aid certificate (Tick)

No Training	___
Currently Expired.	___
Will expire during 2012	___
Valid until end of 2012	___

Signature	Date / /
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*Please return to the Warden of Selwyn College, Dr David Clark, at the above address.
Please also include a covering letter and relevant CV with the application.*