



**Agreement for Admission to Knox College
for the 2019 Academic Year**

Name:

.....
(Please print) (Surname) (First names)

Home Address:.....
..... Postcode:

Home Telephone: (.....) **Mobile:** **Student ID:**

Email address you expect to use during 2019:.....

Knox College is a residential college operated by Knox College and Salmond College Incorporated (jointly **the College**). I wish to accept the place offered at the College for the 2019 academic year (**the Place**) on the conditions set out below.

The academic year referred to in this agreement is (Please tick the option that is specified in your Letter of Offer)

- University of Otago, full academic year (16 February – 9 November 2019)
- Otago Polytechnic/other tertiary education institution in Dunedin, full academic year (16 February – 23 November 2019)
- Special Arrangement with Head of College
 - University of Otago Semester (16 February – 29 June 2019, 30 June – 9 November 2019)
 - Otago Polytechnic/other Semester (16 February – 6 July 2019, 7 July – 23 November 2019)

I accept the offer and the following conditions:

1. I recognise the authority and responsibility of the Master of the College (the Master) for the welfare and behaviour of all College residents.
2. I will remain a resident of the College for the whole of the selected academic year and will pay the accommodation fees in the Schedule to this agreement, the fees detailed in this agreement, and any other fees referred to in the documents accompanying this agreement (jointly **the Fees**).
3. I agree that it is fundamental condition of residence at the College that I must be a full-time student at the University of Otago, Otago Polytechnic, or other tertiary education institution in Dunedin, and that if for any reason I can no longer satisfy that condition I may be required to withdraw as a resident and, if required to do so, will promptly leave the College.
4. I have made an initial payment of fees by electronic funds transfer or I enclose payment for that amount which is made up of:
 - a. a non-refundable administration fee; and
 - b. a building levy; and
 - c. a bond against loss or breakages of or damage to College property of the payment of any unsettled debts due by me to the College, which is refundable at the end of the academic year subject to the provisions of clause 10; and
 - d. an activities fee.

Entry Fee	University Full Year	Polytechnic/other Full Year	Special Arrangement	Returning Residents
Administration Fee	\$300	\$300	\$300	\$100
Building Levy	\$250	\$250	\$125	\$250
Bond	\$150	\$150	\$150	\$150
Activity Fee	\$250	\$250	\$125	\$250
Total Entry Fees	\$950	\$950	\$700	\$750

5. If having entered into this agreement I decide not to take up the Place, I will receive a refund of all fees paid except for the administration fee; but only if I have notified the College more than 14 days before the start of the academic year that I will not be taking up the Place. After that date the College may also retain an amount equivalent to the first two weeks' accommodation fees but subject to clause 9(a).
6. I acknowledge that at any time the College is entitled to require me to withdraw as a resident and leave the College if:
 - (a) any information provided in support of my application for residence is false or incomplete in any material particular;
 - (b) I commit a serious breach of this agreement or of any rules or policies regarding my conduct;
 - (c) I fail to pay my fees at the times required;
 - (d) I withdraw any of the authorisations or undertakings given in this agreement, or refuse to comply with any requirement imposed by the Master under this agreement;
 - (e) I refuse to comply with any disciplinary processes required by the Master in investigating possible misconduct or other breach of my obligations as a resident, or with any sanctions imposed by the Master arising from such investigation;
 - (f) the Master believes on reasonable grounds that there are issues with my mental or physical health which make my continuing as a resident an unacceptable risk either to my wellbeing or to the wellbeing of other residents.
7. If I am advised by a healthcare professional that there are, or may be, issues with my physical or mental health which make my continuing as a resident an unacceptable risk either to my own wellbeing or to the wellbeing of other residents, I will immediately advise the Master that the issues exist and will authorise the healthcare professional to disclose any information relating to those issues to the Master.
8. I authorise the Master to inform my Emergency Contact or Family Contacts about any issues which may arise in relation to my health or conduct as a resident and to provide them with any information relevant to those issues.
9. If I withdraw from residence in the College during the academic year, whether voluntarily or because I have been required to do so, no fees already paid will be refunded and I will pay the balance of fees which would have been payable had I remained a resident for the full academic year.
 - (a) If a replacement resident suitable to the College takes up residence in my place, then the College will refund the portion of my fees paid by the replacement resident.
 - (b) If the Master considers that my withdrawal is the result of exceptional or unforeseeable circumstances, the Master may agree to waive all or part of my liability to pay fees for the full academic year.
10. I will take reasonable care not to damage College property and will immediately pay the College's reasonable costs of repairing or replacing property which I deliberately or carelessly damage (either alone or with others) while I am a resident of the College. At the end of the academic year the College may deduct any such costs which remain unpaid from my Bond.
11. I am aware that I may appeal any decision of the Master which could impact on me personally by following the processes set out in the Residents' Handbook.
12. If the College premises become uninhabitable in whole or in part due to events beyond its control (for example storm, fire, flood, earthquake), or if the College requires the premises or any part of them to be vacated during works the College considers necessary to protect against damage from such events, the College may terminate this agreement either with or without notice depending on the particular circumstances at the time and;
 - (a) my liability for fees shall cease from the time I cease to be a resident; and
 - (b) the College will take reasonable steps to find me suitable alternative accommodation, or to assist me in making alternative arrangements.
13. I acknowledge that any overdue fees owed by me to the College may incur 1% penalty interest per week on the outstanding balance and I agree to pay all reasonable costs incurred in the collection of any overdue accounts owed by me.
14. I authorise the University of Otago and/or Otago Polytechnic to supply my examination results, and the results of admission to special schools, to the Master while I am a resident of the College on the understanding that the information will be disclosed only to appropriate College staff.

- 15. I undertake to comply with any policies and requirements of the College as amended from time to time and notified in the Residents' Handbook or otherwise, and to follow with all reasonable requirements and directions made by staff of the College. I confirm I have read and understood the Handbook and any other policies and requirements provided to me by the College and that these form part of my agreement with the College unless they conflict with the express terms of this agreement in which case this agreement will apply.
- 16. I will participate in and contribute to the supportive and harmonious atmosphere of the College, showing consideration towards other residents and neighbours.
- 17. I undertake that all information I provided to the College in support of my application for a Place at the College is true and correct, and that I have withheld no information which might reasonably affect the College's decision to accept me as a resident.
- 18. I understand that in consideration of my agreement to these terms and undertaking to pay the fees required, the College will provide me with:
 - (a) a furnished single bedroom (unless an alternative arrangement has been agreed or in an emergency situation);
 - (b) a supportive collegiate environment designed to facilitate learning;
 - (c) access to the College's programme of academic, social and community activities;
 - (d) timely repayment of any moneys owing to me by the College.

Signed by the ResidentDate

The College (**We**) require the following additional agreements and information:

If you are under 18 at the time of signing please also have this section signed by a parent or guardian:

I have read and understood the content of this agreement and agree to my son/daughter entering into this agreement with the College;

Signed..... Date
Father/Mother/Guardian

Guarantor: In signing this agreement the Guarantor acknowledges having read and understood the conditions of this contract and has had a reasonable opportunity to take independent advice. The Guarantor agrees to meet all of the Resident's financial obligations to the College which arise under this agreement which have not been paid by the resident within 30 days of being due.

Signed by the Guarantor Date

Name of Guarantor
title first names last name

Address:
Postcode:

Telephone: (.....) Mobile:

Email (PLEASE PRINT CLEARLY):

Relationship of Guarantor to Resident:.....

Family Contact details

In the event of an emergency, medical or otherwise, or significant conduct issues, the College will contact the designated member(s) of your family, either to advise them of the emergency or other issues or to seek their assistance; by providing these details you authorise that contact and disclosure of information. Please list contact information below and indicate their relationship to you. Usually that will be your father and/or mother and sometimes it will be a Guardian:

Family Contact 1

.....
title *first names* *last name*
Address
.....Postcode:.....
Telephone (Home) (Work) (Mobile)
Email (PLEASE PRINT CLEARLY):
Occupation
Relationship

Family Contact 2

.....
title *first names* *last name*
Address
..... Postcode:.....
Telephone (Home) (Work) (Mobile)
Email (PLEASE PRINT CLEARLY):
Occupation
Relationship

Emergency Contact Details – Please supply the contact details of a person **other than your Family Contact** who may be contacted in the case of an emergency:

Name
Telephone (Home) (Work) (Mobile)
Address
..... Postcode:
Resident's relationship to the Emergency Contact Person:

Resident's Personal Details

Miscellaneous

1. Height (longer beds are available for residents over 183cm) _____cm
2. T-Shirt size (circle one): *Male:* S M L XL XXL *Female:* 10 12 14 16 18 Other

Health

Please list any medical conditions or disabilities that you have (or have had recently) that may require us to provide special facilities or services, or which may result in a risk of harm to yourself or other residents. If the medical condition or disability requires continuous treatment, (e.g. asthma, allergies, epilepsy, anorexia/bulimia, diabetes, psychological or emotional issues, etc.) describe the present arrangements that allow you to manage your condition:

.....
.....

Management of condition:

Please describe the impact that your injury/illness or disability has on your daily activities (e.g. do you use a wheelchair, require daily insulin injections, need to manage stress carefully due to anxiety attacks etc.):

.....

To what degree can you manage your condition(s) yourself? *(please tick appropriate category)*

- Completely self-managed
- Occasional assistance required
- Weekly assistance required
- Daily assistance and monitoring required

What support do you envisage requiring from College staff?

.....

Dietary requirements

We are able to cater for a number of special dietary preferences (e.g. vegetarian, gluten free). However due to the number of residents **we may not be able to cater for all dietary preferences**. Please contact the College to discuss whether we can meet your needs BEFORE accepting a place.

Please list any food intolerances or allergies of which you are aware and which require you to have a special diet, together with a letter from a medical professional setting out the intolerance or allergy requiring a special diet and the precise requirements of that diet. It may not be practicable to provide some special diets and you should contact the College to discuss whether we can meet your needs BEFORE accepting a place.

.....
.....

Declaration: I have not withheld any Health or Dietary information

Signed by the Resident Date

Alcohol Free/Female Only Option *(Subject to availability, we can place residents in an alcohol free or female only floor)*

- I apply for accommodation within an alcohol free area of the College Yes No
- I apply for accommodation within a female only area of the College Yes No

Please return this Agreement to the College within 14 days or we will presume you do not wish to accept the offer of a Place which may then be offered to another applicant.