

APPLICATION FORM

INTERNATIONAL COLLEGE OF

CAMILLE



PROGRAMME APPLIED FOR _____

EXPECTED START DATE

SEMESTER ONE - JANUARY

SEMESTER TWO - JULY

PERSONAL DETAILS SURNAME MR / MRS / MISS / MS _____

FIRST NAME(S) _____ MALE / FEMALE (Circle one)

FULL POSTAL ADDRESS _____

PHONE (HOME) PHONE (WORK) _____

DATE OF BIRTH AGE (YEARS) _____

NEW ZEALAND CITIZEN OR PERMANENT RESIDENT (or from Australia, Tokelau, the Cook Islands, Niue)

YES / NO

If you have circled 'NO', you should contact International College of Camille. Ethnic Group _____

INTERNATIONAL APPLICANTS: Please contact International House of Camille to obtain the correct application form.

Ph +64 9 520 4615 Fax +64 9 520 7914

EDUCATIONAL HISTORY

SECONDARY SCHOOL/TERTIARY INSTITUTION	FROM - TO	SUBJECTS TAKEN	QUALIFICATIONS

EMPLOYMENT HISTORY (List previous employment/relevant experience from the last 5 years - if applicable)

EMPLOYER	START DATE	PART TIME / FULL TIME (Circle one)
TYPE OF WORK	FINISH DATE	
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