



**Agreement for Admission to Salmond 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:**.....

Salmond 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 Head of the College (the Head) 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	\$200	\$200	\$100	\$200
<b>Total Entry Fees</b>	<b>\$900</b>	<b>\$900</b>	<b>\$675</b>	<b>\$700</b>

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 Head under this agreement;
  - (e) I refuse to comply with any disciplinary processes required by the Head in investigating possible misconduct or other breach of my obligations as a resident, or with any sanctions imposed by the Head arising from such investigation;
  - (f) the Head 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 Head that the issues exist and will authorise the healthcare professional to disclose any information relating to those issues to the Head.
8. I authorise the Head 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 Head considers that my withdrawal is the result of exceptional or unforeseeable circumstances, the Head 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 Head 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 Head while I am a resident of the College on the understanding that the information will be disclosed only to appropriate College staff.



## 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?

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**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.

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.....

**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.***