



# Student application form

The applicant must fill in pages 1 and 2  
 The referee must complete page 3  
 All questions must be answered

			Date	
Full name			Male or female	
Date of birth		Marital status	Phone	
Current address				
Postal address				
Do you have children? <i>If yes, please provide details</i>				
Next of kin		Relationship	Phone	
Address				
Referred by				
Illnesses or allergies?				
Medication?				
Do you have a doctors report? <i>If yes, please send, if no, please obtain one and send ASAP</i>				
Have you taken drugs? <i>If yes, please provide details</i>				
Do you smoke? <i>Please note that we only allow Peter Jackson cigarettes and Winfield Blue rollies</i>				
Have you been tested for HIV/AIDS? <i>If yes, please provide details</i>				

Have you been tested for Hepatitis? <i>If yes, please provide details (A/B/C)</i>					
Centrelink No.		Tax file No.		Medicare No.	
Current income <i>(eg. wage, pension, etc)</i>					
Current Bank		BSB No.		Account No.	
Do you have any debts/fines? <i>If yes, please provide details. Please note these can only be dealt with after you have completed 6 weeks</i>					
Do you have any outstanding court matters? <i>If yes, please provide details</i>					
Identification <i>3 originals</i>	1				
	2				
	3				
If accepted what do you hope to achieve at Karobran New Life Centre?					
Has your referee explained the Karobran New Life Centre program to you?					
<p>The program will cost you \$350 plus Ambulance Cover for the first week, and then 90% of your "Total Income". A bond is held against debt incurred and damage to property (\$100), which is refunded when you leave, provided you give 48 hours notice. The total cost to enter the program for a single person is \$350, married couple (without children) \$550, family depends on age and number of children. Payments can be made by cheque, cash, money order, credit card, or EFTPOS. Bond and one week rent must be paid prior to arrival. Please contact Karobran New Life Centre for bank account details. Rent must be kept in advance at all times.</p> <p><i>Please note: The bond is not refundable if you leave the program within the first two weeks.</i></p>					
I have read and understand the information on this application form. I declare that the information that I have given is true and correct and would like to be considered as a student at Karobran New Life Centre.					
Signature				Date	
<i>Please note: If you are emailing this application you will be asked to sign it on arrival to the program if you are accepted.</i>					

**Referee to fill out. Please complete the boxes with Yes or No.**

Did the applicant fill in the application form?		
Have you sighted 3 original forms of identification? <i>Please photocopy, and fax or post them</i>		
Have you explained the program to the applicant? <i>(eg. Christian based, finance, 12 month program, rules)</i>		
In your opinion does the person understand what the program is all about?		
In your opinion, does the applicant understand what the program is all about?		
Does the applicant have the relevant documents for debts, fines and court matters?		
If the applicant smokes, do they have enough cigarettes? <i>(Until the first Centrelink payment)</i>		
Does the applicant have enough toiletries?		
If the applicant is on medication, does he/she have a doctors report?		
Please supply a brief history of the applicant		
Referee name	Phone	
Organisation	Email	
If the bond belongs to your organisation or to the applicant's parents, please notify Karobran New Life Centre as to whom the bond is to be returned to if the student decides to leave Karobran New Life Centre. <i>Please note: If the student leaves within two weeks of arriving they forfeit their bond</i>		
Does the bond belong to the applicant?		
If not, please provide details of who it is to be returned to		

**Karobran New Life Centre Inc**

ABN 32 975 835 956

PO Box 720  
Naracoorte SA 5271  
admin@karobran.org

Phone 08 8764 7470  
Fax 08 8764 7510