



Non-Residential Member Program Acceptance and Student Undertaking

To be completed by the student accepting an offer as a Non-Residential Member at Emmanuel College.

Full Name of Student			
Home Address			
Home Telephone		Mobile Telephone	
Email Address			
UQ Student Number			
UQ Email Address (if known)			

**Please forward completed documents along with payment as soon as possible to:
admissions@emmanuel.uq.edu.au**

Disclaimer statement: The information you provide on this common application form will be used only for the purposes of the College's application processes.

PAYMENT OPTIONS

Payment by Visa, MasterCard, cheque or direct deposit. (American Express and Diners Club not accepted.)

Credit card number			Amount	
Expiry date		CVC	Signature	
Cardholder's name				

Cheque made payable to Emmanuel College (please tick) Please PRINT the name of the student on the back of the cheque	<input type="checkbox"/>	Amount	
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Direct deposit at Commonwealth Bank of Australia. PLEASE USE STUDENT NAME AS THE REFERENCE and email/fax a copy of the acknowledgement of funds transfer or bank deposit slip.							
UQ Branch BSB	064 158	Account number	1006 2451	Amount		Date deposited	

For office use only:

EFTPOS receipt no.		Receipt no.		Date		Invoice no.	
Approved		Wing		Room		Locker	



Emmanuel College

within The University of Queensland

enriching lives since 1911

PERSONAL DECLARATION

I ACCEPT the offer of a place at Emmanuel College in 2017. I DECLARE that I will promote the wellbeing and honour of the College and respect the rights of its community members and uphold the principles of such a community. I UNDERTAKE to behave in such a way as not to cause offence to any member of the College, the University, the churches or the community in general. By accepting a place in the Non-Residential Member Program at Emmanuel College, I agree to be bound by the rules and discipline of the College, and to accept the academic, financial and other responsibilities of membership. I agree to attend tutorials on a regular basis, and meet with any mentor assigned to me. I give permission to the College to obtain my course enrolment details and examination results from The University of Queensland, and to the University to release them to Emmanuel College. I declare that the information contained in this document is true, and will provide certified documentary evidence in support of this information when requested. I authorise Emmanuel College to communicate with The University of Queensland any information in relation to my participation in the Non-Residential Member Program. Further:

- I AGREE that I have read and agree to abide by the Emmanuel College Handbook 2017, including the Code of Conduct.
- I AGREE that I have read and agree to abide by the Emmanuel College Residential Terms and Conditions 2017.
- In accepting this place in College, I AUTHORISE the College to have access to my University enrolment information and results and to use my personal information for administrative or educational purposes by the College.
- I UNDERTAKE to remain a full-time student at the University and keep the Principal fully informed about my academic program and to present copies of my official results to the College as requested from time to time. I will not change program or courses nor withdraw from the program or courses without first discussing this with the College.
- In accepting this offer, I UNDERTAKE to remain in residence for semester 1 AND semester 2 of my University's standard academic year as defined in my offer letter.

Signature of Student		Date	
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Non-Residential Student Personal Information Sheet

Personal Details	
Student Name	
UQ Student Number	
UQ Student Email	
Personal Email Address	
Personal Mobile Number	

UQ Enrolment Details	
UQ Faculty, e.g. BEL	
Major/Proposed Major	
UQ Degree/Program of Study, e.g. BBusMan	
Course Code, e.g. ECON1010	Course Name

Please note that there is **NO PARKING** available to Non-Residential Members.



Medical Form

Contact Details			
Student Name			
Date of Birth (dd/mm/yy)		Phone Number	
Home Address			
Suburb		Postcode	
Emergency Contact Details			
Name			
Phone Number		Mobile	
Relationship			
Medical Details			
Do you have medical insurance?			
Health Fund		Member Number	
Medicare Number			

Has the student ever suffered from any of the following:	Yes	No	If YES, give details and fill out section for prescribed treatment.
Heart problems			
Respiratory problems <ul style="list-style-type: none">• Asthma• Other			
Allergies <ul style="list-style-type: none">• Foods• Drugs/medication• Insects• Other			
Diabetes			
Blood pressure			



Has the student ever suffered from any of the following:	Yes	No	If YES, give details and fill out section for prescribed treatment.
Epilepsy			
Mental Health <ul style="list-style-type: none">• Phobias• Anxiety• Depression• Bipolar• Schizophrenia• Other			
Learning Difficulties <ul style="list-style-type: none">• Auditory processing• Visual processing• Dyslexia• Other			
Other			

Declaration

I hereby give my consent and authorise the person in charge, or his/her representative, holding in confidence the information now supplied and authorise that person in medical and life threatening situations to release it in order to obtain for me/my child the necessary medical attention and care.

Student's Signature: _____ **Date (dd/mm/yy):** ___/___/___

Parent/Guardian's Signature: _____ **Date (dd/mm/yy):** ___/___/___
(Parent/Guardian to sign for students under 18 years)



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Emmanuel College Images Permission Form

Emmanuel College regularly publishes images to our website, social media channels, and brochures. This includes images of events at the College and you/your child may be in the images we wish to publish.

This consent form gives us permission to place your/your child's image(s) on our website, social media channels, brochures, and any advertising material we may publish.

Declaration

In respect of my appearing in images made by Emmanuel College, I hereby acknowledge and agree that the copyright in the images belongs to Emmanuel College.

That Emmanuel College and/or its licensees or assignees are entitled to make whatever use of the image(s), part or parts of image(s), drawings or other forms of illustration they decide.

That the said image(s) whether or not retouched or altered, and all reproduction thereof, and any statements and/or words published in conjunction with or in relation thereto shall be deemed to represent and refer to an imaginary person AND NOT MYSELF.

That unless my name is published, used or referred to in conjunction with the publication of the image(s), neither the image(s), nor any reproductions thereof nor any statement or words published or reproduced in conjunction with or in relation thereto shall be deemed to be attributed to me personally.

Student's name (please print): _____

Student's Signature: _____ **Date:** _____

Parent/Guardian's Signature: _____ **Date:** _____

(Parent/ Guardian to sign for students under 18 years)