



PLEASE COMPLETE AND SEND IN PRIOR TO YOUR INTERVIEW

1	First Name	Preferred Name	Surname	(BLOCK LETTERS)	OFFICE USE ONLY
	Father's Name:		Mother's Name		
	College Connections (eg Relations, Friends)				
2	SCHOOL				
	School:		Years:	OP/TER:	
	Offices: Captain <input type="checkbox"/> Vice Captain <input type="checkbox"/> Prefect <input type="checkbox"/> House Captain <input type="checkbox"/> Sports Captain <input type="checkbox"/> Councillor <input type="checkbox"/> Other <input type="checkbox"/>				
3	COURSE				
	Tertiary Course:				
	Give reason/s for choice of Course:				
	Plans after Graduation (Travel, Profession?, etc.):				
	If deferring, give details of how you will spend your GAP year:				
<i>In the following sections please indicate your preferences by a cross(X) Two crosses for major interests. Add details of standard, where relevant.</i>					
4	SOCIAL AND CULTURAL ACTIVITIES (Specify, if appropriate):				
	<input type="checkbox"/> <input type="checkbox"/> Art		<input type="checkbox"/> <input type="checkbox"/> College Magazine		
	<input type="checkbox"/> <input type="checkbox"/> Community Service		<input type="checkbox"/> <input type="checkbox"/> Photography		
	<input type="checkbox"/> <input type="checkbox"/> Debating		<input type="checkbox"/> <input type="checkbox"/> Public Speaking		
	<input type="checkbox"/> <input type="checkbox"/> Drama		<input type="checkbox"/> <input type="checkbox"/> Reading		
	<input type="checkbox"/> <input type="checkbox"/> Other (please specify)				
	<input type="checkbox"/> <input type="checkbox"/> Favourite Films				
	<input type="checkbox"/> <input type="checkbox"/> Favourite Books				
	5	MUSIC			
Listening to: <input type="checkbox"/> Popular <input type="checkbox"/> Rock <input type="checkbox"/> Classical <input type="checkbox"/> Other					
<input type="checkbox"/> Choir (Give details of voice):					
<input type="checkbox"/> Instrument/s played:					
<input type="checkbox"/> Favourite Music/Band:					
6	RELIGIOUS VALUES <input type="checkbox"/> Catholic <input type="checkbox"/> Other (please specify)				
	Do you practise your religion?		Why?		
	Do you pray?		When?		
	How?				

7	SPORT (Please indicate LEVEL , if appropriate):	
	<input type="checkbox"/> Athletics	<input type="checkbox"/> Squash <input type="checkbox"/> Rowing
	<input type="checkbox"/> Basketball	<input type="checkbox"/> Swimming <input type="checkbox"/> Other (Specify)
	<input type="checkbox"/> Cross Country	<input type="checkbox"/> Tennis
	<input type="checkbox"/> Hockey	<input type="checkbox"/> Touch Football
	<input type="checkbox"/> Netball	<input type="checkbox"/> Volleyball
	Level:	
8	HEALTH	
	General:	Allergies/Asthma:
	Special foods/requirements:	Medications:
9	PERSONAL SUMMARY	
	How did you learn about Duchesne College?	
	Why do you wish to live in a University College rather than private accommodation?	
	Why have you chosen Duchesne College as your first preference?	
	What do you hope to gain from College life?	
	What do you think you can contribute to College life?	
	Do you see any problems in the transition to University/College life?	
	Why do you think Duchesne College should accept you?	
	How would you describe yourself as a person (no more than 75 words)?	
	Will you have the use of your own computer at College? <input type="checkbox"/> Yes <input type="checkbox"/> No	