



TRINITY HOUSE

CATHOLIC CHAPLAINCY AND RESIDENCE

Served by the Society of Jesus (Jesuits)

www.trinityjhb.co.za

12 Stiemens Street, Braamfontein, 2001, Johannesburg, South Africa
P.O. Box 237, WITS 2050, Johannesburg, South Africa

TELEPHONE: +27 (0)11 403 3769 | FAX: +27 (0)83 628 7631 | EMAIL: resmanager@trinityjhb.co.za

APPLICATION FOR ADMISSION 2014

PERSONAL INFORMATION

(Please complete using BLOCK LETTERS)

Surname _____

First Names _____

Date of Birth ____ / ____ / ____

Academic Institution _____ *(e.g. WITS, UJ)*

Academic Program _____ *(e.g. BA, LL.M)*

Academic Year _____ *(e.g. 2nd, 3rd)*

Student Number _____

Present Address _____

Present Telephone _____

Cell _____

Present Address _____

Present Telephone _____ (*we will phone here to arrange an interview*)

Email _____

Are you a member of the ACTS branch on your campus? Yes / No

What activities have you been involved with this past year, either on campus or in home parish?

What activities have do you plan to be involved with next year, either on campus or in home parish?

Have you been living in another residence? Yes / No

If yes, which one? _____

Why have you decided to move from that residence?

List any important illnesses/allergies you suffer from

Religious affiliation (*if any*) _____

PAYMENT DETAILS

How are your fees to be paid? _____

Give details of any bursary or scholarship, which you will have for 2014. Include the name, address and telephone number of the person or organisation supplying the bursary or scholarship.

If no bursary is available to you please give the name and details of the person responsible for paying your fees below. A letter of guarantee from the person responsible for your fees is also required to accompany this application. Please be advised that we will carry out credit checks on the person responsible for the account.

Surname _____

First Names _____

ID Number _____

Relationship (*e.g. mother, uncle*) _____

Physical Address _____

Postal Address (*if different*) _____

Telephone _____

Cell _____

Email _____

Do you intend to bring a car to Trinity House? Yes / No

Details of your parents or guardian (in case of emergency while resident at Trinity House):

Surname _____

First Names _____

Physical Address _____

Postal Address (*if different*) _____

Telephone _____ Cell _____

Email _____

Please include the following with this application:

- a. A written reference from your parish priest
- b. A written reference from your last high school
- c. A written reference from a person who knows you well
- d. A letter (*at least one A4 page in length*) stating why you want to stay in Trinity House (*include a short history of yourself, how you have been involved in your community, and the kind of person you are*)

Signed _____ Date ____ / ____ / ____

**PLEASE HAND THIS COMPLETED FORM, TOGETHER WITH THE LETTER
AND ALL REQUIRED REFERENCES, TO THE RESIDENCE MANAGER AT**

APPLICATIONS CLOSE: 25 OCTOBER 2013

Trinity House Catholic Chaplaincy & Residence

12 Stiemens Street

BRAAMFONTEIN 2001

or post to

P.O. Box 237

WITS 2050

We cannot stress enough that Trinity House is a residence for committed Catholic Christians. There is limited place at Trinity House. We strongly recommend you apply to other residences as well, in case you are not offered place at Trinity House.