

General Manager: Bev Price

APPLICATION FOR RESIDENCE

GENERAL INFORMATION:

NAME.....

ADDRESS.....

.....

POST CODE.....

TELEPHONE NUMBER.....

DATE OF BIRTH.....

PLACE OF BIRTH.....

FORMER OCCUPATION.....

RELIGION.....

Please Tick

Married	<input type="checkbox"/>	Civil Partnership	<input type="checkbox"/>
Divorced	<input type="checkbox"/>	Widowed	<input type="checkbox"/>
Single/Common Law	<input type="checkbox"/>	Separated	<input type="checkbox"/>

NEXT OF KIN/ADVOCATE:

1, NAME.....

2, NAME.....

ADDRESS.....

ADDRESS.....

.....

.....

POST CODE.....

POST CODE.....

TELEPHONE.....

TELEPHONE.....

EMAIL.....

EMAIL.....

REASON FOR ADMISSION.....

MEDICAL INFORMATION

DOCTOR & ADDRESS.....

.....

TELEPHONE.....

NATIONAL HEALTH SERVICE NUMBER.....

HEARING.....

VISION.....

SMOKER.....

PAST MEDICAL HISTORY.....
.....
.....

MEDICAL INFORMATION continued..

PRESENT HEALTH INFORMATION.....
.....

ALLERGIES: FOOD.....

ALLERGIES: MEDICATION.....

PRESENT MEDICATIONS.....
.....

SPECIAL DIETARY NEEDS.....
.....

SOCIAL INFORMATION:

HOBBIES & INTERESTS.....

SOCIAL GROUPS (eg Church, Day Centre, Clubs).....
.....

SOCIAL CONTACTS (eg Family & Friends).....

FINANCIAL INFORMATION

SOURCE OF FUNDING: PRIVATE.....LOCAL AUTHORITY.....

DO YOU NORMALLY PAY FOR YOUR DENTAL / OPTICAL TREATMENT? YES/NO

SOCIAL SERVICES FINANCIAL ASSESMENT (if applicable)
Has this been carried out?

SOCIAL WORKER:.....CONTACT NUMBER.....

ADDITIONAL INFORMATION:- Type of Residency Required

Main House..... Spinney (OMI Unit).....

Are you looking for residency : ASAP IN THE NEXT 6MTHS IN THE NEXT YEAR +

TYPE OF ROOM REQUIRED/PREFERRED SINGLE.....SINGLE ENSUITE.....

HOW LONG WOULD YOU WISH TO STAY ON THE WAITING LIST.....
(Please can you inform us should you wish to withdraw your application)

SIGNATURE OF APPLICANT.....DATE.....

NOTE: to be placed on the waiting list you need to return the completed form.