

Before you complete this form, it would help us in our quest to constantly improve our services if you could answer the following questions:

1. How did you hear about this home?**2. Have you been given copies of, or information relating to, the following?**

- | | |
|---|----------|
| ➤ Our Brochure | Yes / No |
| ➤ Finances | Yes / No |
| ➤ Trial periods | Yes / No |
| ➤ Advice about other homes or services
which may be more appropriate | Yes / No |
| ➤ Visiting the home | Yes / No |

**If any of your answers are "NO", we will arrange for this to happen.

Thank You, your information will be most helpful.

The Application Form

If you need help with this form, we can arrange this for you.

The information we are asking for will help us to determine if we are able to meet your personal needs and care needs for the foreseeable future, not just in the short term.

It is our hope that, should you decide to live here, it will remain your home for as long as you wish it to be so.

It is important, therefore, that the information you give us is as accurate as possible and that you (or someone helping you) sign the form to confirm this.

Please feel free to use additional sheets if you wish or if the space provided is not big enough.

We will acknowledge receipt of the application and contact you within 3 days of receiving the completed form and invite you to the home for a visit if you wish.

About You	
Surname:	Mr, Mrs, Miss
First Name(s):	Date of Birth:
Preferred Title or Nickname etc.:	
Current Address:	
Postcode:	Tel. No:
Nationality:	Mobile No.:
E-Mail Address:	Best way to contact you?
Next of Kin (or your main supporter or advocate) Name: Mr, Mrs, Miss	
Address:	Relationship:
Postcode:	Tel. No.:
Do you have any pets that you would wish to bring with you?	Yes / No
If Yes, Please tell us about them:	
Do you have any relatives or friends already living or working in the home?	Yes / No
If Yes, Please tell us about them:	

About Your Strengths and Your Needs	
<p>This will enable us to understand the kind of assistance you need and how we are best able to provide it. If you would rather not answer these questions or would like some assistance, please let us know.</p>	
<p>Conversation Do you need help with communication?</p>	<p>What help do you need?</p>
<p>Personal Care Do you need help with any of these?</p>	<p>Dental Care: Yes / No Foot Care: Yes / No Washing: Yes / No Dressing: Yes / No Bathing: Yes / No</p>
<p>Maintaining Your Physical Health Are you in generally good health? If not, do you require:</p>	<p>Regular visits from the Community Nurse? Yes / No Visits from your GP Yes / No Visits to Hospital Outpatients Yes / No Stays in hospital: Yes / No</p>
<p>Maintaining Your Mobility Do you use any of these?</p>	<p>Walking Stick: Yes / No Crutches Yes / No Frame: Yes / No Hoist: Yes / No Wheelchair: Yes / No</p>
<p>Taking Medication Do you manage your own medication? Yes / No If No, please tell us what help you need</p>	
<p>Food and Meals Please tell us about any special requirements you may have.</p>	
<p>Mental Health Do you have any needs that should be met in order to enjoy good mental health? Or Are you forgetful? Please describe</p>	

Declaration

I have filled in as much information as I am able to and as far as I believe, it is truthful and accurate.

I understand that the home can only make a decision on being able to meet my needs if it has the correct information to base a decision on.

I will help the home develop my Personal Plan on admission.

Signature:..... Date:

Or Signed on Behalf of:

By: (Print Name)

Signature: Date:.....

Acting in what capacity?