



# Application Form

Date:

Placement required:

Permanent

Respite care

## 1 Applicant details (Person requiring residential care)

Title: (Mr, Mrs, Miss, etc)

DOB:

Gender:  Male  Female

First name(s):

Preferred name:

Surname:

Telephone:

Mobile:

Email:

Marital status:

Home address:

Postcode:

## 2 Pension concession

Pensioner concession card number (if applicable):

My pensioner concession card is from:  Centrelink  Department of Veterans Affairs

Pension:  Full pension  Part pension  No pension

Type of pension (e.g. age, disability):

Medicare card number:

Medicare card expiry date:

### FOLLOW UP ADMINISTRATION DETAILS – OFFICE USE

Application Pack Sent: Yes / No    Date Sent \_\_ / \_\_ / \_\_    Tour Date Arranged Yes / No Date \_\_ / \_\_ / \_\_    Entered People point Yes / No  
Follow Up Required: Yes / No    Date \_\_ / \_\_ / \_\_    Request date of admission \_\_ / \_\_ / \_\_    Confirmed Yes / No    Initial \_\_\_\_\_

### 3 Health and ambulance cover

If you have private health insurance, please write the details below:

Name of fund:

Membership number:

Level of cover:

If you have ambulance cover, please write the details below:

Name of fund:

Membership number:

### 4 Nominated representative

First name(s):

Surname:

Telephone:

Mobile:

Email:

Postal address:

Postcode:

Relationship to person making enquiry:

Authority (e.g. POA if applicable):

### 5 Accounts and correspondence

I nominate the following person to receive all correspondence:

Myself (person requiring residential care)     Nominated representative     Other (below)

First name(s):

Surname:

Telephone:

Mobile:

Email:

Postal address:

Postcode:

Name of organisation:

Position in organisation:

## 6 General practitioner details

Name:

Telephone:

Mobile:

Email:

Postal address:

Postcode:

## 7 Other health professional details

Name:

Field (e.g. Audiologist, heart specialist):

Telephone:

Mobile:

Email:

Postal address:

Postcode:

Name:

Field (e.g. Audiologist, heart specialist):

Telephone:

Mobile:

Email:

Postal address:

Postcode:

## 8 Spouse/partner information

Are you and your spouse/partner applying together for a place in an aged care home?

Yes     No     Not applicable

Does your spouse/partner already live in a residential care home? If so, please complete below:

Spouse/partner name:

Address of residential aged care home:

Postcode:

## 9 Other information

If you need an interpreter to assist you, please write the language you speak here:

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Are there any cultural, religious or other organisations you would like to remain in contact with?  
If so please list them:

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Please advise if you have any cultural or religious requirements, such as specific dietary needs:

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## 10 Have you claimed

Have you claimed or received a compensation award or settlement? If so, please indicate the type:

Workers compensation       Third party       Common law

Would you like to like find out about applying for an extra service place?    Yes       No

Do you currently receive, or have you ever received, permanent care in a resident aged care home?  
If so, please complete below:

Name of aged care home:

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Address of aged care home:

Postcode:

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Date you accepted a place:

Date of departure:

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Name of applicant:

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Signature:

Date:

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If an authorised person is signing:

Name:

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Signature:

Date:

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