



specialist aged care

# Application Form

Date:

Placement required:

Permanent  Respite care

## 1. Applicant details (Person requiring residential care)

Title: (Mr, Mrs, Miss, etc)

D.O.B:

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:

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Membership number:

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Level of cover:

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

Name of fund:

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Membership number:

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### 4. Nominated representative

First name(s):

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Surname:

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Telephone:

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Mobile:

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Email:

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Postal address:

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Postcode:

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Relationship to person making enquiry:

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Authority (e.g. POA if applicable):

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### 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):

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Surname:

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Telephone:

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Mobile:

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Email:

---

Postal address:

---

Postcode:

---

Name of organisation:

---

Position in organisation:

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## 6. General practitioner details

Name:

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Telephone:

Mobile:

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Email:

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Postal address:

Postcode:

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## 7. Other health professional details

Name:

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

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Telephone:

Mobile:

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Email:

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Postal address:

Postcode:

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Name:

---

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

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Telephone:

Mobile:

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Email:

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Postal address:

Postcode:

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## 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:

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Address of residential aged care home:

Postcode:

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## 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. Previous residential aged care admissions

Do you currently receive, or have you ever received, permanent care in a resident aged care home?

Yes     No

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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