

Application for Residency (APP:001)

1 - Applicant Details

Surname			
Given Names		Preferred Name	
Address			
Post Code:			
Marital Status:		Date of Birth:	
Religion:		Phone Number:	

2 - Language Details

Provide Details on Language below:

First Language, if not English.	
Do you require assistance with spoken & Written English?	

3 - Aged Care Client Record Details

(See ACAT Assessment)

Accommodation approved for: (tick appropriate boxes)

Orr Lodge (Hostel)	Bethel Nursing Home	Respite	Permanent

4 - Pension Details

Does the applicant receive a pension?

Yes	Full	Part	Self Funded

If applicant is receiving a pension please provide details below:

Pension Card No:		Expiry Date:	
Type of Pension:			

5 - Medicare Details

Provide Medicare details below:

Medicare Number		Expiry Date:	
Position on Card			

6 - Current Doctor Details (prior to admission)

Doctors Name		Mobile	
		Telephone	
Surgery Address			

7 - Current Pharmacy Details (prior to admission)

Name		Telephone	
		Fax	
Pharmacy Address			

8 – Enduring Guardian
(Person Responsible for Medical Decisions)

Name:			
Relationship:			
Address:			
Postcode:		Mobile:	
Telephone:		After Hours:	
Email Address:			
<i>Please provide a copy of the Appointment of Enduring Guardian form</i>			

9 – Power of Attorney
(Person Responsible for Financial Decisions & Accounts)

Please tick if same as 8. Above

Name:			
Relationship:			
Address:			
Telephone:		Mobile:	
Fax:		After Hours:	
Email Address:			
<i>Please provide a copy of the Power of Attorney form</i>			

10 – Additional Contact

Enduring Gurdian Power of Attorney Other

Name:			
Relationship:			
Address:			
Telephone:		Mobile:	
Fax:		After Hours:	
Email Address:			
<i>Please provide a copy of the Power of Attorney and/or Appointment of Enduring Guardian form, if applicable.</i>			

Resident/Representative

Signature

Date:

For Office Use Only

	Yes	No
Copy of Appointment of Enduring Guardian form submitted		
Copy of Power of Attorney form submitted		