



<b>APPLICATION FORM FOR RESIDENTIAL / NURSING CARE</b>										
<b>APPLICANT DETAILS</b>										
<b>FULL NAME of Applicant</b>	Mr/Mrs/Miss/Ms (Please indicate) or other:							Maiden Name (if applicable)		
NI Number								Preferred Name		
Place of Birth								Date of Birth	/ /	
Congregation								Date of Baptism	/ /	
Address including postcode							Telephone No(s)			
<b>REPRESENTATIVES, CONTACTS AND NEXT OF KIN DETAILS</b>										
<b>CONTACT NAME for Primary Contact</b>								Relationship to Applicant:		
Address including postcode							Telephone No(s)			
<b>e-mail address:</b>										
Is this person a Jehovah's Witness?				<b>Y/N</b>		Is this person the Next of Kin?				<b>Y/N</b>
Is this the person completing this form?				<b>Y/N</b>		Does this person have Power of Attorney? If Yes, it is Health/ Financial or Both (Please circle)				<b>Y/N</b>
<b>CONTACT NAME for Alternative Contact</b>								Relationship to Applicant:		
Address including postcode							Telephone No(s)			
<b>e-mail address:</b>										
Is this person a Jehovah's Witness?				<b>Y/N</b>		Is this person the Next of Kin?				<b>Y/N</b>
Is this the person completing this form?				<b>Y/N</b>		Does this person have Power of Attorney? If Yes, it is Health/ Financial or Both (Please circle)				<b>Y/N</b>
<b>CONTACT NAME for 2<sup>nd</sup> Alternative contact</b>								Relationship to Applicant:		
Address including postcode							Telephone No(s)			
<b>e-mail address:</b>										
Is this person a Jehovah's Witness?				<b>Y/N</b>		Is this person the Next of Kin?				<b>Y/N</b>
Is this the person completing this form?				<b>Y/N</b>		Does this person have Power of Attorney? If Yes, it is Health/ Financial or Both (Please circle)				<b>Y/N</b>

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**HEALTHCARE AND WELFARE NEEDS**

**NAME OF GP / DOCTOR:**

*Address of Surgery including postcode*

*Telephone No(s):*

*Give details of the diagnosis supplied by the doctor:-*

*Is there a diagnosis of dementia?*

**NAME OF SOCIAL WORKER**

*Address of Social Worker Office including postcode*

*Telephone No(s):*

*Email:*

*Give details of the applicants needs as detailed by the social worker:-*

*Is there a care package in place? If so who provides it?*

*We may need to obtain further details from healthcare / social services professionals to ensure that we are able to meet your individual needs. If you are aware of other relevant information, please supply this on a separate sheet.*

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**ABOUT THE APPLICANT**

What type of care are you applying for? (Tick all that are applicable):-

Permanent Residential Care (Now):  Permanent Residential Care (in the future):

Respite Care only:  Nursing Care:

Which home(s) would be most suitable/convenient? (Tick all that are applicable):-

Blackpool:  Leyland:  Merthyr:  Wigan:  Any:

What type of accommodation do you currently live in:-

Another care home:  Sheltered accommodation:  Living alone:  With Family:

**PHOTOGRAPH OF APPLICANT**

*Please provide a recent photograph for identification purposes:*

**PHYSICAL CIRCUMSTANCES**

*Please give details of all diagnoses and health problems and any further information regarding physical circumstances and health of the applicant:*

