



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

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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:

