

BLESSED FRANCES SIEDLIKA RETIREMENT VILLAGE

APPLICATION FOR ADMISSION

Urgent Semi Urgent Not Urgent Future

1 Bedroom 2 Bedroom 3 Bedroom

Applicant to be placed on waiting list:

Surname: Given Names:

Current address:

Postcode: Telephone:

Applicant's personal details: Male Female Date of Birth: Age:

Marital Status: Married Widowed Single De Facto Separated Divorced

Country of Birth: Place of Birth: Preferred Language:

How Long in Australia: Religion/organisational affiliations:

Applicant's Partner to be placed on waiting list (if applicable):

Surname: Given Name: Relationship:

Address:

Telephone: (Home) (Work) Mobile:

Applicant's Partner details: Male Female Date of Birth: Age:

Marital Status: Married Widowed Single De Facto Separated Divorced

Country of Birth: Place of Birth: Preferred Language:

How Long in Australia: Religion/organisational affiliations:

Family and other contacts:

Surname: Given Name: Relationship:

Address:

Telephone: (Home) (Work) Mobile:

Surname: Given Name: Relationship:

Address:

Telephone: (Home) (Work) Mobile:

Surname: Given Name: Relationship:

Address:

Telephone: (Home) (Work) Mobile:



Pension, Medicare and Health Insurance details:

Pension Number:

What is your Medicare Number:

Are you a member of a health benefit organisation such as MBF, Medibank, HCF, etc? Yes
No

Name of Fund: Membership Number:
.....

What is covered by your insurance (hospital, ambulance ...)?
.....

Legal and Financial Management details: Have any of the following people been appointed on your behalf? Guardian Financial Manager Power of Attorney (Financial) Enduring Power of Attorney (Financial) Enduring Power of Attorney/Guardian (Medical Treatment)

If **yes**, please provide a name of the person appointed and a copy of the document:

Name:
.....
.....

Address: Contact Numbers:
.....

Have you made a will? Yes No If **Yes**, please provide the name and address of person/organisation holding the Will: Name:
.....

Address: Contact Numbers:
.....

Funeral arrangements: Have you made funeral arrangements? Yes No

If **Yes**, please provide the name and address of the Funeral Director to be notified:

Name:
.....
.....

Address: Contact Numbers:
.....

If no funeral arrangements made, please provide us with name of the person responsible for your burial arrangements:



Holy Family Services
A Ministry of the Sisters of the Holy Family of Nazareth

Brother Albert's Home
Blessed Frances Siedliska Retirement Village
Tel: (02) 9678 8200
Fax: (02) 9678 8299

Holy Family
Early Learning Centre
Tel: (02) 9626 1344
Fax: (02) 9626 1355

Name:

.....
.....

Address:

Contact Numbers:

Other information:

Any known allergies:

.....

Applicant's signature:

.....

Date: