

INQUIRY ABOUT:Urgent Semi Urgent Not Urgent Future 1 Bedroom 2 Bedroom 3 Bedroom **APPLICANT TO BE PLACED ON WAITING LIST:**

Surname: Given Name:

Current Address:

Postcode: Telephone:

Email:

APPLICANT'S PERSONAL DETAILS:Male Female Other 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:

Current Address:

Telephone (Home): (Work): Mobile:

Email:

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:

Email:

Surname: Given Name: Relationship:

Address:

Email:

Telephone (Home): (Work): Mobile:

Surname: Given Name: Relationship:

Address:

Telephone (Home): (Work): Mobile:

Email:

PENSION, MEDICARE AND HEALTH INSURANCE DETAILS:PENSION NUMBERS: Medicare Number: Exp: / 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 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: Contact Number:

Address:

Email:

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

Name: Contact Number:

Address:

Email:



APPLICATION FOR ADMISSION

BLESSED FRANCES SIEDLIKA RETIREMENT VILLAGE

RVF FORM A

FUNERAL ARRANGEMENT:

Have you made funeral arrangements? Yes No

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

Name: Contact Number:

Address:

Email:

Please indicate your wishes: Burial Cremation

If **NO**, funeral arrangements have been made, please provide us with name of the person responsible for your burial arrangements:

Name: Contact Number:

Address:

ANY OTHER INFORMATION:

Any known allergies:

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APPLICANT'S SIGNATURE:

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DATE: