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## Application for Admission

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### PART A: Basic Details

#### Facility you wish to apply to (please tick)

- Killarney Court
- Lake Haven Court

#### Person to be placed on the waiting list

Surname: \_\_\_\_\_ First Names: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Address: \_\_\_\_\_

Post Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Current Location (please circle):    Own Home    Family    Hospital    Other Facility

Gender: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Marital Status (please circle):    Married    Widowed    De Facto    Divorced    Single    Separated

Reason for application: \_\_\_\_\_

Preferred time frame for admission (eg. immediate, 3 months) \_\_\_\_\_

#### Person completing the application

If you are the person requiring an aged care facility then please circle:    **as above**

Surname: \_\_\_\_\_ First Names: \_\_\_\_\_

Address: \_\_\_\_\_

Post Code: \_\_\_\_\_ Telephone: (work) \_\_\_\_\_

(home) \_\_\_\_\_

(mobile) \_\_\_\_\_

Email Address: \_\_\_\_\_

Relationship to the applicant: \_\_\_\_\_

#### Person responsible for fees/correspondence/medical consent (please circle)

Surname: \_\_\_\_\_ First Names: \_\_\_\_\_

Company Name (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

Post Code: \_\_\_\_\_ Telephone: (work) \_\_\_\_\_

(home) \_\_\_\_\_

(mobile) \_\_\_\_\_

Email Address: \_\_\_\_\_

Relationship to the applicant (tick all applicable):

- Next of Kin
- Power of Attorney – Enduring Medical and/or Enduring Financial (please circle)
- Power of Attorney
- Solicitor/Executor
- Guardianship Tribunal (Medical Consent)
- Public Trustee (Financial)
- Office of Protective Commissioner (Financial)
- Other (please specify): \_\_\_\_\_

**Person responsible for fees/correspondence/medical consent (please circle)**

Surname: \_\_\_\_\_ First Names: \_\_\_\_\_

Company Name (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

Post Code: \_\_\_\_\_ Telephone: (work) \_\_\_\_\_

(home) \_\_\_\_\_

(mobile) \_\_\_\_\_

Email Address: \_\_\_\_\_

Relationship to the applicant (tick all applicable):

- Next of Kin
- Power of Attorney – Enduring Medical and/or Enduring Financial (please circle)
- Power of Attorney
- Solicitor/Executor
- Guardianship Tribunal (Medical Consent)
- Public Trustee (Financial)
- Office of Protective Commissioner (Financial)
- Other (please specify): \_\_\_\_\_

**PART B: Health and Medical Information**

**ACCR**

Is a current ACCR (Aged Care Client Record) provided with this application: YES / NO

If NO, please provide a current ACCR so the applicants care needs can be assessed to ensure suitability for admission. If you're not sure what an ACCR is, please ask the Facility Manager and they can guide you through the process.

**Medical History and Care Requirements**

Please provide a brief summary of current medical issues:

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Please provide a brief summary of care requirements:

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Please provide a brief summary of hobbies/interests/social club involvement:

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Please provide a brief summary of any cultural/religious requirements:

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Name: \_\_\_\_\_

Sign: \_\_\_\_\_

Date: \_\_\_\_\_