

Individualised Support and Care

**APPLICATION FOR RESIDENCE IN FREDA GUNTON LODGE/
CHEVIOT NURSING HOME***

(*Delete as necessary)

All questions must be answered and, when completed, the form should be forwarded to the **Director, Balkerne Gardens Trust, Balkerne Gardens, Colchester, CO1 1PR.**

Full names of applicant

Surname: **Miss, Mrs, Ms, Mr:**

First name(s):

Address:

..... **Post code:**

Date of birth: **Email:**.....

Telephone no: **Mobile no:**

National Insurance number:

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NHS number:

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If applying for double accommodation, please give spouse/partner's name:

Date of birth:

National Insurance number:

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NHS number:

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Please give next of kin's name, address and relationship to you

Name: **Relationship:**

Address:

.....

Post Code: **Email:**

Telephone No: **Mobile No:**

Who should receive communication from us?

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Do you have a Lasting Power of Attorney for either Health & Welfare or Financial affairs?

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How did you hear about Balkerne Gardens Trust?

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Why are you applying to come into care?

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**Why are you applying to Balkerne Gardens Trust for a place at
Freda Gunton Lodge/Cheviot* (*Delete as necessary)**

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Have you/your relatives visited the Unit?

Yes []

No []

Who did you/they speak to?

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Please provide some details about your health and general well-being (and that of your spouse/partner if applicable):

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Please give the name, address and telephone number of your GP:

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Tel:

Financial information to demonstrate the applicant's ability to fund their care in accordance with the admission criteria:

1. a) Are you in receipt of state benefits or pensions? If yes, how much do you receive weekly?

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b) Do you have income other than that mentioned above? If yes, how much do you receive weekly?

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c) Do you own the property in which you live?

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d) Do you own any other property?

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2. How can you provide evidence that you are able to fund your own stay with us?

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Please tick one of the boxes below to help us understand at what point you would like to be offered accommodation:

Category 1 I would like to move in as soon as possible

Category 2 I would like to move in within 2-5 years

Category 3 I do not anticipate wishing to move in for 5-10 years

I confirm that the information I have given in this application is accurate and I understand that by filling in and returning this application form, I consent to my personal details being kept whilst I wish to remain on the waiting list.

Signature of Applicant(s):

Date:

For Office Use Only

Follow up comments

Date

Signature

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Date Application Received Date on Waiting List

Meets Application & Admission Policy criteria YES [] NO [] Category