



Application Form

Avenue (Residential)

1) General Information

Name of applicant: _____

Address of applicant: _____

Postcode: _____

Telephone number: _____

Date of Birth: _____ Place of Birth: _____

National Insurance Number: _____

Social Services Client Number: (if applicable) _____

Please tick appropriate boxes

Are you a :

Spinster Widow Bachelor Widower

Divorced Separated Married

Maiden name (if applicable): _____

Religion: _____ If Quaker, what is your PM/MM? _____

Do you live in:

Private dwelling Sheltered Housing Residential Home With relatives

Other (please state) _____

Name of Local Authority covering the area where you live: _____

When would you like to consider taking occupancy? _____

2) Medical Details

Medication: _____

Ongoing medical treatment: _____

Do you have contact with:	Name	Phone
Social Worker	_____	_____
District Nurse	_____	_____
GP	_____	_____
Old Age Psychiatrist	_____	_____
Community Nurse	_____	_____
Community Co-ordinator	_____	_____

3) Details of your Next of Kin (or Acting Next of Kin)

Name: _____

Address: _____

_____ Postcode: _____

Telephone: _____ Relationship: _____

Do you wish for your Next of Kin to have copies of all correspondence relating to your application? Yes No

If you have granted an Enduring Power of Attorney or are subject to Receivership under the Court of protection, please give the name and address of the person handling your affairs (please let us have a copy of the relevant document).

Name: _____

Address: _____

_____ Postcode: _____

Telephone: _____ Relationship: _____

Have you previously had respite care in Avenue House? _____

4) Finance

Do you have sufficient income and/or capital excluding properties to cover the cost of your anticipated fees? (a list of fees are enclosed). I.e. Charge x 52 (weeks) x 3 (years).

Yes No

5) General Health

Please specify as to help needed and specialist equipment used.

Mobility i.e. getting around _____

Personal care needs i.e. bathing _____

Dressing and undressing _____

Eating or drinking _____

Toileting _____

Enjoying activities i.e. social life _____

Communication
i.e. hearing, seeing, remembering _____

Resting and sleeping _____

Worshipping
i.e. attending church _____

Health problems e.g. diabetes _____

Problem areas for you
e.g. balance _____

Previous occupation
before retirement _____

6) Ethnic Origin

We are trying to make sure that all applicants are treated fairly and are not discriminated against on grounds of ethnic origin. To do this we are required to keep record of the origins of everyone who applies to us. We are only allowed by law to use this information for statistical purposes and it will not be used for or against you in any way.

The first part of the question asks you to identify your household's ethnic origin under a number of broad headings. The second part then asks you to identify whether your household identifies itself as being; 'black', 'white', 'other' or 'mixed'.

IF YOU DO NOT WISH TO ANSWER THESE QUESTIONS YOU HAVE THE OPTION TO REFUSE.

Part 1 – How would you describe the ethnic origin of your household?
(please tick the appropriate box.)

South East Asian Asian Caribbean African
British European Irish Other
A combination of these groups Question refused

Part 2 –Do you consider your household to be: (please tick the appropriate box)

Black White Other Mixed

Signed: _____

Dated: _____

Please remember, even if your name is added to our waiting list, we cannot guarantee that a placement will eventually be offered.

Please return this form to: WEFHS LTD, Avenue House,
5 Cotham Park North, Cotham, Bristol, BS6 6BH.

For Office Use:

Date Applied:

Quaker:

Assessment Date:

Admission Level & Date:
