

**DOROTHY IMPEY HOME**

**APPLICATION FOR ADMISSION**

Please print and, where applicable, place a ✓ in the appropriate box.

Admission type:       Permanent or  Respite

**Prospective resident details:**

Title (Mr, Mrs, etc.)		Surname:	
Given name(s):		Preferred name:	
Date of birth:		Marital status:	

Home address:	

Pension card No.:		Expiry:	
Veteran Affairs No.:		Expiry:	Color:
Medicare card No.:		Expiry:	

Full pension	<input type="checkbox"/>	Part pension	<input type="checkbox"/>	No pension	<input type="checkbox"/>
Type of pension, e.g. age; disability; service:					

Doctor's name:			
Address:			
Contact details:	B.H.	A.H.	Fax.

Private health insurance fund name:		
Membership details:		Level of cover: <input type="checkbox"/> Hospital. <input type="checkbox"/> Extras
Ambulance cover:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Membership No.:

Do you have a pre-arranged funeral <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, who with?	Name: Address: Phone:

**Nominated representative**, e.g. family member; POA

*Please note this section refers to the person listed on our records as “Next of Kin”. They will usually be the person we contact first and have the closest interactions with. It is their responsibility to inform other family/friends.*

<b>First contact representative information*</b>			
Name:			
Address:			Postcode:
Phone:	Home:	Work:	Mobile:
Email address (if applicable):			
Relationship to the applicant:			
What type of Legal Authority do you hold?:			
* Person listed is the primary family person to be contacted in an emergency If there is no family, this person would help the resident with their affairs			

<b>Second contact representative information</b>			
Name:			
Address:			Postcode:
Phone:	Home:	Work:	Mobile:
Email address (if applicable):			
Relationship to the applicant:			

NOTE: A third contact can be added. This is for emergencies. Attach details if required.

**Responsibility for paying accounts and receiving correspondence**

- Resident       Next of kin/POA       Other: .....

*NOTE: If the prospective resident is currently in another aged care facility, could you please give us details.*