

# APPLICATION FORM FOR RESIDENTIAL ACCOMMODATION

**Strictly private and confidential**

**(see** [**www.AbbeyfieldDulwich.com**](http://www.AbbeyfieldDulwich.com) **for privacy policy)**

FULL NAME OF APPLICANT

CURRENT ADDRESS

LENGTH OF TIME AT CURRENT ADDRESS

TELEPHONE NUMBER

DATE OF BIRTH

MARITAL STATUS

RELIGIOUS DENOMINATION

**To enable the Society to assess whether it has suitable accommodation for you, please reply to the following questions:**

Are you in reasonable health?

Can you manage to get up and downstairs without the use of a stairlift?

Are you able to dress without help?

Are you able to do your own laundry, prepare your own breakfast and make hot drinks?

Are you able to furnish your own room, including providing your own bedding?

**Since the Society's accommodation is available at varying residential charge rates depending on size and position, the Society requires a few of your financial details:**

Do you have the full state retirement pension?

Do you have any other income apart from state benefit or benefits? Do you receive any of the following?

Income support, pension credit? Yes  /  No

Housing benefit? Yes  /  No

Attendance allowance? Yes  /  No

In the event of illness would you consent, at the discretion of your medical advisor and the Society, to go to hospital for the appropriate treatment? Yes  /  No

Do you consent to undergo a medical examination by the Society's doctor for the purpose of preparing a report for the Society?

Yes  /  No

Name and address of your GP:

Name and address of your next of kin:

Name and contact details of relative or friend who could be called upon should difficulties arise:

Name and address and telephone number of sponsor(s) who support your application to Abbeyfield (NB. Sponsor(s) can be next of kin, other relative or an attorney, if you have signed an enduring power of attorney)

In the unlikely event of difficulties arising during your residence with the Society, do you consent to the Society discussing them with any or all of the persons named above?

Yes  /  No

I wish to apply to live in an Abbeyfield House where I understand nursing care is not available.

I accept that in the event of illness it may be necessary for me to go to hospital, nursing home or other establishment where nursing care is provided.

I am aware of the range of the Society's charges for rooms (see FAQs on our website) but appreciate that the charges will rise from time to time at the discretion of the Society's Executive  Committee.

I understand that should I become a resident at The Abbeyfield Dulwich Society I will act in a courteous and considerate manner towards other residents, committee and staff, and that to act in an anti-social manner may result in my residency being put at risk.

Signed

Date

Please return completed form to

Jane Ross-Macdonald

Abbeyfield Dulwich

89-91 Stradella Road SE24 9HL