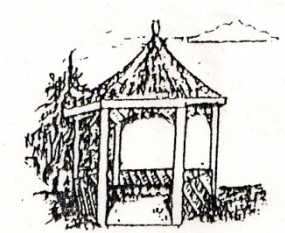


Northridge Haven Retirement Village

A village managed by Good Shepherd and Redeemer Lutheran Congregations



Address: 16 Harth Street
Rockville QLD 4350

Phone: (07) 4634 1802

Mobile: 0407 756 635

Website: northridgehaven.com.au

Application for Independent living Unit.

Personal Information

Surname _____ Given Names (1) _____

Age _____

Date of Birth _____

Given Names (2) _____

Age _____

Date of Birth _____

Address _____

_____ Telephone _____

I / We are ... Married Single Widow Widower

Next of Kin

Name _____

Address _____

_____ Telephone _____

Children (name, address, and telephone)

Name (1) _____

Address _____

_____ Telephone _____

Name (2) _____

Address _____

_____ Telephone _____

Name (3) _____

Address _____

_____ Telephone _____

Your Doctor

Name _____

Address _____

_____ Telephone _____

Private Health Fund

YES / NO

If yes, Name of Fund _____

Member Number _____

Ambulance Cover

YES / NO

Health

Describe your condition of health (1) _____

(2) _____

Do you suffer from any physical or mental disabilities?

(1) YES / NO

If yes, please give details _____

(2) YES / NO

If yes, please give details _____

Do you suffer from any illnesses?

(1) YES / NO

If yes, please give details _____

(2) YES / NO

If yes, please give details _____

Are you a smoker?

(1) YES / NO

(2) YES / NO

Do you consume alcohol?

(1) YES / NO

(2) YES / NO

Current Accommodation

Own Home Own Unit Renting Other

If Other, please specify _____

If your present accommodation is unsatisfactory, please state why _____

Reason for application

How well would you be able to look after yourself in a unit? _____

Religion

Are you a member of a religious denomination?

YES / NO

If yes, Name of Church where you are a member _____

Minister's Name _____

Address _____

_____ Telephone _____

Social Background

Do you have support from family and/or friends?

YES / NO

Family and/or friends visit?

Regularly Occasionally Not At All

Do you have any hobbies or interests?

(1) YES / NO

If yes, please give details _____

(2) YES / NO

If yes, please give details _____

Current/Past Occupation

(1) _____

(2) _____

Referees

List three Referees in support of your application

Name (1) _____

Address _____

_____ Telephone _____

Name (2) _____

Address _____

_____ Telephone _____

Name (3) _____

Address _____

_____ Telephone _____

Authorisation

I / We hereby request and authorise any medical practitioner or any other person who has attended or treated me, to furnish the Management Committee with any information that may, from time to time, affect my/our ability to continue to take care of myself/ourselves in an independent living unit.

I acknowledge that if my/our application is declined, the Management Committee of Northridge Haven Retirement Village will be under no obligation to give a reason.

I declare that all information given is true and correct.

Signatures of applicants

(1) X

(2) X

Date _____

Date _____

Witness to signature/s

Witness signature X

Name _____

Address _____

_____ Telephone _____

When complete, please

1. Send or return to:
The Manager,
Northridge Haven Retirement Village
16 Harth Street,
Rockville Qld 4350
2. Or email to:
northridgehaven@bigpond.com