

APPLICATION FOR LONG STAY ADMISSION

MOORSIDE NURSING HOME

PLEASE ANSWER ALL QUESTIONS FULLY AND CLEARLY THEN READ THE DECLARATION BELOW BEFORE SIGNING. IF YOU HAVE ANY DIFFICULTY IN COMPLETING THE FORM PLEASE CONTACT THE HEAD OF CARE QUALITY & SERVICE DEVELOPMENT (Tel: 01962 854226) sarah.weeks@stjohnswinchester.co.uk FOR ASSISTANCE.

IT IS ACCEPTABLE FOR THIS FORM TO BE COMPLETED/SIGNED ON YOUR BEHALF, PROVIDED THAT THE PERSON DOING SO IS SUFFICIENTLY AWARE OF YOUR CIRCUMSTANCES.

1. Full Name

2. Present Address

Post Code

Mobile and Landline Tel No

3. Date of Birth

4. NHS No

5. Marital Status

6. Religion (if you wish to disclose)

7. Please give details of your next of kin. (*This should be the person we contact in case of emergency*)

Name

Address (inc postcode)

7. continued /

Relationship

Mobile and Land Line Tel No

8. Does the Applicant have a Lasting Power of Attorney in place? **YES/NO**

If **YES** please provide details of the Attorney

Name

Address

Relationship

Mobile and/or Landline telephone number

Email Address

9. Why are you seeking long term care at Moorside?

10. Please give details of your Social Services Care Manager *(if applicable)*

Name

Landline and Mobile Tel No:

11. Please indicate the source of funding for this admission *(delete as appropriate)*

Health Authority / Social Services / Private

If you have been assessed or are in the process of being assessed for funding please can you confirm how this is progressing.

12. Please give details of your GP

Name

Address

Telephone number

13 Please give details of the type of dementia that the Applicant has been diagnosed with and any other medical conditions they may have which requires medical attention or treatment.

What medication is the Applicant taking at present?

[Attached a copy of a repeat prescription form if this is easier]

Shares:

Stocks:

Other (including ownership of the Applicant's home)

Current Property Value: £

c) Have you, during the last seven years, made any gift to a relative or relatives of capital (whether of property or money) totalling more than £10,000? **YES/NO**

If **YES**, please give the following details:

Date(s) of gift(s)

Recipient(s) of gift(s)

Amount (or nature) of gift(s)

16. FORM COMPLETED BY: (if other than applicant)

Name

Address

..... Tel No

Relationship to Applicant

I confirm that the details supplied in this form are true and accurate. I will supply any financial documentation which the Charity may require to support this application. I understand that any inaccuracies or misrepresentations may result in the application being withdrawn.

Signed **Dated**

PLEASE RETURN THE COMPLETED FORM TO
THE HEAD OF CARE QUALITY & SERVICE DEVELOPMENT,
ST JOHN'S WINCHESTER,
32 ST JOHN'S SOUTH,
THE BROADWAY,
WINCHESTER SO23 9LN
(sarah.weeks@stjohnswinchester.co.uk)

[July 2017]