**Welcome to Moorside**

St John’s Moorside is a specialist in dementia care, providing unrivalled care standards in a nursing home situated close to the heart of the city centre. It is a part of local registered charity, St John’s Winchester.

Our skilled, experienced team provide safe, attentive and truly personalised care in calm, modern and warmly welcoming surroundings.

The charity’s mission is to provide an inspirational community where older people are empowered and enabled to live full and rich lives through quality care and support, housing and friendship.

**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, email: sarah.weekes@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.

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| --- | --- | --- |
| **OCCUPANCY TYPE** (Please circle as appropriate) | Long Stay Agreement  | Short Stay - Respite Agreement |

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| --- |
| **CONTACT DETAILS** |
| **1.** | Full Name: |  |  |  |
| **2.**  | Present Address: |  |  |  |
|  |  |  |
|  |  |  |
|  | Postcode: |  |  |  |
|  | Telephone Number(s): |  |  |  |
| **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: |  |
|  |  |
|  |  |
| Postcode: |  |  |
| Relationship: |  |  |
| Contact tel. number(s): |  |  |
| Email: |  |  |
| **8.** | **Does the Applicant have a Lasting Power of Attorney in place?** (PLEASE CIRCLE) | YES / NO |
| St John’s will require copies of all documentation. Please state who has this responsibility:  |
| **PROPERTY & FINANCIAL** |
| Named individual with Responsibility: |  |
| Relationship: |  |
| Contact information: |  |
|  |  |
| Email: |  |
| **HEALTH & WELFARE** |
| Named individual with Responsibility: |  |
| Relationship: |  |
| Contact information: |  |
|  |  |
| Email: |  |
| **Please state details of a 3rd Party Advocate responsible for the applicant’s Lasting Power of Attorney:** (which could be someone other than a family member) |
| Name of Advocate: |  |
| Organisation name: |  |
| Telephone number: |  |
| **9.** | **Why are you seeking long term care at Moorside?** (please answer in space below): |
|  |
| **10.** | **Please give contact details for your Social Services Care Manager:** (if applicable) |
| Name: |  |
| Contact telephone number(s): |  |
| **11.** | **Please indicate the source of funding for this admission:** (PLEASE CIRCLE) |
| Does the Applicant have a Lasting Power of Attorney in place?  | YES / NO |
| Self-Funded placement | YES / NO |
| **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: |  |
|  |  |
| Tel. no.: |  |
| **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 require medical attention or treatment:**  |
| (All care nursing care needs will be assessed including medication prescribed) |
| **14.** | **Do you have any special religious, cultural practices or dietary requirements?** | YES / NO |
| If **YES** please give details: |
|  |
|  | **SELF-FUNDED RESIDENTS ONLY** |
| Moorside staff will discuss funding with self-funded residents to make sure they understand the charges and are able to pay for their care prior to moving in. St John’s want to make sure that residents are not entitled to funding from the local authority. The Local Authority funded residents are assessed by Social Services. Self-funded residents are required to have savings to cover Moorside fees for a minimum of eighteen months. If you or your family member does not, please let us know. Charge rates will be provided and explained prior to you making a decision. This rate will be dependent on room availability.  |
| **Please indicate who will be funding this placement:** |
| Name: |  |
| Relationship: |  |
| **All information supporting your financial situation will be discussed before moving in to Moorside by a St John’s representative assessing your application and care needs.** (PLEASE CIRCLE) |
| Do you or the applicant own their own home? | YES / NO |
| Are you expecting to sell your house to fund your care? | YES / NO |
| **Please tell us how you found out about Moorside and St John’s Winchester?** |
|  |
| **16.** | **FORM COMPLETED BY:** (if other than applicant) |
| Name: |  |
| Relationship to applicant: | Address (inc. postcode): |
| Telephone: |
| Email: |

* I understand that if I am paying for my own care I have sufficient income and/or capital to pay Moorside fees in full for a minimum of 18 months.
* I confirm that the details supplied in this form are true, accurate and not misleading. 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**.**

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| --- | --- |
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| Signed:  |  |
| Date:  |  |

**PLEASE RETURN THE COMPLETED FORM TO ONE OF THE FOLLOWING LOCATIONS:**

|  |  |
| --- | --- |
| Sarah Weekes,Head of Care Quality & Service DevelopmentSt John’s Winchester32 St John’s SouthThe BroadwayWinchester SO23 9LN(sarah.weekes@stjohnswinchester.co.uk) | DEBOR CRTNEYDEMOORSIDEDeborah Macartney,MatronMoorside Nursing HomeDurngate WinchesterSO23 8DX(deborah.macartney@stjohnswinchester.co.uk) |