

Nonsuch Abbeyfield - Application Form

CONFIDENTIAL

Personal details

1 Surname _____ 2 Title: Mr/Mrs/Miss/Ms/Other _____

3 First name(s) _____

4 Date of birth _____

5 Address _____ Telephone Number _____

Current housing

6 Do you experience any problems with your current housing? (Please describe)

7 Are you an owner occupier/leaseholder/tenant/licensee? _____

8 In which Local Authority do you currently live? _____

Support and help

9 Do you receive any help in your current house, such as home help, meals on wheels, guide dog, visiting carers, health visitors? **YES/NO**

If yes, please give details _____

10 Can you negotiate stairs safely? _____ Can you walk unaided? _____

11 Are you able to dress and bath yourself without help? _____

12 Are you able to look after your own room and make your own breakfast and tea? _____

13 Name, address and telephone number of doctor. _____

Other information about you

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

15 What are your interests and hobbies? _____

16 Do you smoke? **YES/NO**

Your representatives

17 At Abbeyfield we like each resident to nominate a trusted friend, relative or next of kin who can give you outside support if you need it and whom we can call on in an emergency. We call this person the resident's sponsor or representative.

The sponsor will be expected to accept certain responsibilities in relation to the resident in the event of serious illness or other circumstances prejudicing their residence in the Abbeyfield House and to give a formal undertaking to this effect to the society.

Name, address and telephone number of sponsor _____

18 Person granted power of attorney: if you have appointed someone as your attorney please give his or her name and address _____

Abbeyfield encourages residents to grant enduring power of attorney when they take up residence in an Abbeyfield House. This is not a condition of entry.

Equal opportunities

We aim to provide fair and equal access to Abbeyfield Houses. To help achieve this, we monitor the gender and ethnic origin of applicants. The following questions are optional and will not influence the outcome of your application in any way.

19 How would you describe your ethnic origin? **Please delete those that do not apply.**
Asian / Caribbean / African / SE Asian / British / European / Irish / Other.

20 What is your sex? **Male/Female**

Declaration

The information given above is correct. I have read and understood the Abbeyfield Society selection procedure. I understand the type of housing and level of support provided at the house. I authorise the Society to make enquiries of my Doctor and of the sponsor in connection with the application.

Signature _____ Date _____

NB: For you or your representative to knowingly give false information on this form may result in your tenancy being terminated (*Housing Act 1996 Section 102*).