

**Prospective Resident Application Form**

**PRIVATE & CONFIDENTIAL**

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| **APPLICATION TO LIVE AT:**Abbeyfield (Brecon) Society Ltd.Abbeyfield House,Old Station Close, Camden Road,Brecon,Powys,LD3 7RT |

**1. Name of Applicant:**

 Surname: First Name(s):………………………………

 Current Address:……………………………………………………………………………………………………………………...

 ……………………………………………………………………………………………………………………………………………………..

 ……………………………………………………………………………………………………………………………………………………..

 Telephone Number:……………………………………………………… DOB:…………………………………………..

 National Insurance Number: …………………………………………..

 Email:………………………………………………………………………………………………

 If someone else is applying on your behalf please give their details here:

 Name:……………………………………………………………………….

 Address:……………………………………………………………………………………………………………………………………

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 …………………………………………………………………………………………………………………………………………………..

 Contact phone number(s):…………………………………………………………………………………

 Email:………………………………………………………………………………………………………………………

 Relationship to Applicant:………………………………………………………………………………..

 Legal status if any (eg. Lasting Power of Attorney (Although not required by Abbeyfield, we do strongly recommend obtaining a lasting Power of Attorney)):………………………………………………………………………………………………………………..

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**2.** **How are you coping at home?**

 Are you able to manage the following:

Cleaning & Household tasks Yes No

Personal Care Yes No

Preparing meals, etc Yes No

Is there anything else you would like us to know about how you are coping at home?

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**3. Support and Help**

 Do you receive any help in your current home such as a Home Help, Meals on Wheels, Visiting Carers, District Nurse etc.

 Yes No

 If yes please give details:

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**4 Mobility and Health**

 **It is important that your answers to the following questions are as clear and accurate as possible. It will help us to decide whether Abbeyfield Brecon is the right place for you**

*Your response to the following questions will be treated in the strictest confidence*

 **PLEASE BE AWARE – AT THIS PRESENT TIME WE ARE UNABLE TO ACCEPT WHEELCHAIR USERS**

Which of the following best describes your current mobility?

 I have no problems whatsoever with my mobility

 I need to use any of the following:

* A walking stick
* Two walking sticks
* A Zimmer Frame
* A Wheelchair
* A Motorised Scooter

 Do you need assistance getting out of a chair Yes No

 Do you need assistance getting in/out of bed Yes No

 Do you need assistance dressing Yes No

 How far can you walk with ease, either aided or without walking aids?

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 Are the stairs a problem to your mobility? Yes No

 Is there anything else you would like us to be aware of regarding your support and help with mobility?

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 Are you currently being treated for any illness either by medication or other treatments?

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 How would you best describe your memory?

* My memory is excellent
* I sometimes can’t remember things
* I often can’t remember things

If you have been admitted to hospital in the last two years, please give details here:

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If you are successful in your application for residency, a more detailed health form will need to be completed. At this stage is there anything else you would like us to know about your health?

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**5. Social Contact**

 Do you have regular contact with family, friends, neighbours?

 Yes No

 Does where you live make it difficult for you to enjoy social contact and/or pursue leisure/cultural interests, etc?

 Yes No

 Regarding social contact, is there anything else you would like us to know?

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**6. At Risk?**

 Do you have security of tenure? Yes No

 Is there any threat of homelessness? Yes No

 Is your home safe and secure? Yes No

 Is there any other information you would want us to know about in relation to the previous question?

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**7. Other Information about you**

 It is useful to have as much appropriate information as possible with regard to your application for housing.

 Do you smoke? Yes No

 ***(Please note: The house has a no smoking/vaping policy throughout including the flats)***

 What are your interests and hobbies? ………………………………………………………………………………

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 How do you feel you would benefit by moving into Abbeyfield Brecon?

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 Do you have any dietary requirements?...............................................................................

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 Please tell us how you heard about Abbeyfield? ………………………………………………………….

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 Is there any other information at all in relation to your application that you would like us to know about?

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**8. How do you propose to pay the monthly charge?**

 Personal income/savings

 Welfare benefit income

Support from family/others

 Other sources

**9. Ethnic Origin**

 We aim to provide fair and equal access to Abbeyfield services and we house people according to their needs. To help achieve this we keep records to show that we treat everyone fairly and your assistance will help us to do this. Please note that this information will not influence the outcome of your application in any way.

 Asian Caribbean

 White UK/European Black UK/European

 Irish African

 Other/mixed Other

**Your Representatives**

**10.** Your sponsor. 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 on whom we can call in an emergency. We call this person the resident’s sponsor or representative. Please give the name and contact details of the person you may chose as your sponsor. If you do not know anyone who could do this please say, in order that we can help identify someone.

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Having a sponsor is **not** a condition of entry.

**11.** Person granted Power of Attorney. If you have appointed someone as your

 attorney please give their name and address.

Name ..............................................................................................................................................................

Address...........................................................................................................................................................

……………………………………………………………………………………………………………………………………………………………………

Tel No ……………………………………………………………………………………….

Abbeyfield encourages residents to grant enduring Power of Attorney when they move into an Abbeyfield House. This is **not** a condition of entry.

**12. Declaration and Consent**

 ***Please Note:*** It is an offence to give false information or to withhold information. This may result in your application being rejected or your tenancy with Abbeyfield being terminated *(Housing Act 1996, Section 102)*.

I understand that Abbeyfield (Brecon) Society does not provide nursing care.

In the event of illness, I agree that hospital or care home admission may be arranged in my best interest.

I consent to the Society contacting the named individuals in the event of an emergency or serious difficulty.

I have read and understood the above and I declare that all the information given is correct to

the best of my knowledge.

 Signed Date

 Print full name in capitals

***On the next page you will find a letter of authorisation for you to sign to enable us to write to your doctor asking if they consider you suitable for our type of accommodation.***

***If you wish to continue with your application, please complete and sign the form and return with the rest of the application form.***



**Abbeyfield (Brecon) Society Ltd**

**Abbeyfield House**

**Old Station Close**

**Camden Road**

**Brecon**

**Powys**

**LD3 7RT**

**Tel: 01874 611533**

**W:** [**www.abbeyfield.com**](http://www.abbeyfield.com)

**E:** **abbeyfieldbrecon@btconnect.com**

 **LETTER OF AUTHORISATION TO SHARE MEDICAL INFORMATION**

I …………………………………………………………………………………………….hereby give consent to my General Practitioner or other Health Worker to disclose to the House Manager or Member of the Executive Committee any such information regarding my medical condition and/or medication that the Society believes is necessary to fulfil its legal responsibilities and “duty of care”.

Name of registered Doctor…………………………………………………………………………………..

Address of registered Surgery…………………………………………………………………………………………….

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…………………………………………………………………………………………………………………………………………..

Signature………………………………………………………………………………………….

Date…………………………………………

 **Data Protection Statement for Prospective Resident Application Form**

 **How we use your Personal Information**

 Any personal information you give to us will be processed in accordance with the Data Protection Act 1998. The Abbeyfield Society will use the information to process your request and to provide you with the relevant information about Abbeyfield’s homes and services. As part of this process, we may pass your details onto selected Abbeyfield Homes who may contact you directly. It may also be used to support the Abbeyfield Society’s marketing and market research activities.

 For further information, please see the Privacy Statement on Abbeyfield’s website at <https://www.abbeyfield.com/privacy-policy>

 If you would like to stop receiving communications from Abbeyfield, please write to us at the address below.

This form should be signed and returned to:-

 Emma Debenham, Abbeyfield House, Old Station Close, Brecon, Powys LD3 7RT

 Tel No: 01874 611533/07747623633 Email: abbeyfieldbrecon@outlook.com

**If we do not receive this initial application form back within 4 weeks of enquiry, we will assume you no longer wish to be considered and will remove your details from our file.**