



Whiteley Village

A century of caring for the elderly

Care Centre Application

Application to be admitted to the Care Centre

Which home are you applying for?

Nursing Home:

Residential Care
(Please state preference
for home):

Whiteley
House

Ingram
House

About Yourself

Surname:

Marital status:

Forename(s):

Title:

Usual address
(with postcode):

Telephone number:

NI number:

Date of birth:

Town of birth:

Age:

Religion:

Previous occupation:

Name of GP:

Address of GP
(with postcode):

For medical purposes it is necessary for us to contact your GP in order to obtain information about you.
Please sign below to confirm your consent.

I hereby give my consent to The Whiteley Homes Trust contacting my GP (name above) and obtaining medical and social information about me. Any charge made by the GP will be the responsibility of the applicant.

Signature:

Date:



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Details of next of kin, executor or person responsible for applicant if he/she takes up residence in the Care Centre.

Relationship to applicant:

Surname:

Forename(s):

Address (with postcode):

Home telephone: Work telephone:

Email address:

General Information

Will care be funded by Social Services? Yes/No delete as appropriate

If yes, skip to the next section. If no, please complete the rest of this section.

Have you made financial provision for long-term care? Yes/No delete as appropriate

Approximate income after deduction of tax:

Approximate value of available savings to pay your fees:

Approximate value of other savings (bonds etc):

Do you own your own property? Yes/No delete as appropriate

Approximate value of property:

Is your property up for sale? Yes/No delete as appropriate

If your savings are below capital threshold have you contacted your local Social Services for a 12 week disregard and deferred payment? Yes/No delete as appropriate

A £2,000 deposit and the first month's fees are required prior to admittance. These must be in the form of a banker's draft payable to "The Whiteley Homes Trust".



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General Information (Continued)

Please supply the following details:

This gives your written authority that the Trust may approach your bank.
Any charge made by the bank will be the responsibility of the applicant.

Signature:

Date:

Name of bank:

Address (with postcode):

Account Number:

Sort Code:

If you have a nominated Power of Attorney, please provide a copy of this document on admittance to the home.

Funeral Plans/Will

Do you have a funeral plan?:
Please give details.

Yes/No delete as appropriate

Do you have a will?:
If yes, please advise where it is held.

Yes/No delete as appropriate

I confirm that the information I have given above is correct to the best of my knowledge.

Signature:

Date: