

# APPLICATION FOR ADMISSION – 2022



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@ reception@fairwayagedcare.org.au

💻 www.fairwayagedcare.org.au

## **Applicant Details:**

Surname: ..... Given names: .....

Address: .....

..... Postcode: .....

Phone: .....

## **Person completing the application:** (Correspondence will be forwarded to this person)

Surname: ..... Given names: .....

Address: .....

..... Postcode: .....

Phone (Home): ..... Phone (Work): .....

Phone (Mobile): ..... Email: .....

Relationship to applicant: .....

## **Eligibility Criteria:**

Attach a copy of a current ACAS Assessment to this application.

No person can be considered for entry without an ACAS Assessment for Residential Care.

Date of Assessment: .....

ACAS Assessment attached

## **Current Medical Doctor:**

Name: ..... Clinic Name: .....

Address: .....

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## **Personal details:**

1. Preferred name: .....
2. Gender:  Male  Female
3. Date of Birth: ...../...../19..... Age: .....
4. Marital Status:  Married  Widowed  De facto  
 Divorced  Single  Separated
5. Religion: .....
6. Country of Birth: .....
7. Preferred Languages(s): .....

## **Family and other contacts:**

8. Whom do you wish to name as contact(s) for you?

### **Primary Contact:**

Surname: ..... Given names: .....

Address: .....

..... Postcode: .....

Phone (Home): ..... Phone (Work): .....

Phone (Mobile): .....

Email: .....

Relationship to applicant: .....

### **Secondary Contact:**

Surname: ..... Given names: .....

Address: .....

..... Postcode: .....

Phone (Home): ..... Phone (Work): .....

Phone (Mobile): .....

Email: .....

Relationship to applicant: .....

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## **Pension and benefit details:**

9. Do you receive a Commonwealth Government Pension?  Yes  No

If **yes**, please indicate the type of pension  Full pension  Part pension

Aged  DVA

Pension No: .....

Disability  Widows'

Blind  Overseas

Other

## **Health Insurance and Medicare details:**

9. Do you have Private Health Insurance?  Yes  No

Name of Fund: .....

Membership Number/Table Number: .....

10. What is your Medicare number?

Position on Card  Exp. Date

## **Legal and financial responsibilities:**

11. Have any of the following people been appointed on your behalf?

Guardian

Administrator

Power of Attorney (Financial)

Enduring Power of Attorney

If **yes**, please provide the name and address of person/organisation appointed and attach copies of relevant documentation

Surname: ..... Given names: .....

Address: .....

..... Postcode: .....

Phone (Home): ..... Phone (Work): .....

Phone (Mobile): .....

Email: .....

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12. Who will be responsible for paying your account?

Surname: ..... Given names: .....

Address: .....

..... Postcode: .....

Phone (Home): ..... Phone (Work): .....

Phone (Mobile): .....

Email: .....

## **Other details:**

13. Other information that you believe is relevant to this application:

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.....  
.....

Thank you for taking the time to complete this application. Please return it, along with all relevant supporting documentation to Fairway Aged Care. We will contact you to confirm your application and notify you if there is a vacant room available.

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**Office use only:**

Date Application received: .....

Notes: .....

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25.9.18