



Application Form for a Villa Unit

Aim:

It is the aim of the Outlook Gardens Christian Retirement Village to ensure the physical, emotional, spiritual and social well-being of the residents of the Village. The Outlook Gardens Christian Retirement Village was established to meet specifically the needs of the aged and ageing people and to do so in a Christian atmosphere of love and care, where by rights they can expect that their individuality and dignity will be respected.

Philosophy:

We believe that the Bible as the Word of God is authoritative for all of life. The Bible reveals that man is created in the image of God and we believe that, therefore, each person is a unique individual with his or her spiritual, physical, emotional and social needs.

Privacy Information:

Outlook Gardens Christian Retirement Village is collecting the information on this form for the purpose of processing your application for residency in our Independent Living Units.

The information collected on this form will not be disclosed to any individual or organisation without your consent.

If you would like to know more about privacy at Outlook Gardens Christian Retirement Village, including your right to seek access to any of the information collected on this form then you may contact the General Manager on 9795 7566.

(Please PRINT clearly)

Personal Details: - First Resident

Surname			
First Names:			
Date of Birth:		Place of Birth	
Address:			Postcode
Phone No:			
Email Address:			

Personal Details: - Second Resident

Surname			
First Names:			
Date of Birth:		Place of Birth	

Are you a member of a church	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, which denomination		
Minister's Name		
Phone No:		

Are you a member of the Association for Christian Citizen's Homes	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Next of Kin:**First Contact:**

Name:			
Address:			
Phone:		Mobile Phone	
Email:			
Relationship	(Son/daughter etc.)		

Second Contact:

Name:			
Address:			
Phone:		Mobile Phone	
Email:			
Relationship	(Son/daughter etc.)		

Health – First Resident

Are you receiving any long term medical treatment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Details:		
Any previous major illness?		
Do you use a walking aid?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you able to care for yourself without supervision of assistance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have additional private health cover?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes please give details		

Health – Second Resident

Are you receiving any long term medical treatment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Details:		
Any previous major illness?		
Do you use a walking aid?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you able to care for yourself without supervision of assistance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have additional private health cover?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes please give details		

Do you have a preference for a one or two bedroom unit	
When do you think you would be ready to move in?	

I HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THE FOREGOING IS TRUE AND CORRECT. I PROMISE, IF I AM ACCEPTED, TO CONTRIBUTE TO THE CARING, CHRISTIAN LIFESTYLE OF THE VILLAGE.

Signature		Date:	
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Please return form to: "Outlook Gardens Christian Retirement Village" at above address

We would like to be kept informed of all major changes affecting this application.

Medical Report

(Resident One)

**** To be completed by Applicant's own Doctor ****

Applicant's Name:	
Date of Birth:	
How long have you known this patient?	

Is the patient receiving Medical Treatment from you at present? If so, give details

Does the patient have any mental disorders or personality traits which could be disruptive to the community of a retirement village?	
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In your opinion does the patients' standard of physical and mental health enable him/her to live independently without supervision or assistance?	
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Signature		Date:	
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**** All information will be kept strictly confidential ****

Medical Report

(Resident Two)

**** To be completed by Applicant's own Doctor ****

Applicant's Name:	
Date of Birth:	
How long have you known this patient?	

Is the patient receiving Medical Treatment from you at present? If so, give details

Does the patient have any mental disorders or personality traits which could be disruptive to the community of a retirement village?	
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In your opinion does the patients' standard of physical and mental health enable him/her to live independently without supervision or assistance?	
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Signature		Date:	
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**** All information will be kept strictly confidential ****