

nightingale hammerson

Application for permanent residence

Application for

Nightingale House

Hammerson House

[To be completed by the Applicant or the Power of Attorney as applicable]

Personal details

Important: Please answer every question in block capitals

Surname		Forename		Mr/Mrs/Miss/Ms/Other	
Maiden / Other Name	Place and Country of Birth		Nationality		NHS Number

Age	Date of birth	Single <input type="checkbox"/>	Married <input type="checkbox"/>	Partner <input type="checkbox"/>	Widowed <input type="checkbox"/>
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Permanent address		Present address (if different)	
.....		
.....		
.....		
Postcode		Postcode	
Tel No:	Mobile	Tel No:	Mobile
Email		Email	

Name of local authority where you / the applicant normally lives

Have you / the applicant's Local Authority been approached for funding? If yes, what was the outcome? <i>Please attach any correspondence from the Local Authority confirming that funding is in place</i>
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Do you / the applicant have an assigned social worker? If so, please provide contact details

Name of General Practitioner / doctor
Address of General Practitioner / doctor
.....
..... Postcode
Tel No..... Email:

Please give the reasons for making this application

When do you / the applicant wish to move in?
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Mental capacity

Do you / the applicant have capacity to make the decision regarding this placement?		Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>If no, who is making the decision regarding residency?</i>		
Name	Relationship to applicant	
Address		
.....		
		Postcode
Tel No.....		Mobile.....
Email:		

Have you / the applicant ever been subject to a mental capacity assessment?		Yes <input type="checkbox"/> No <input type="checkbox"/>
If YES, what was the outcome of the assessment?		
Please provide relevant paperwork		

Have you / the applicant ever been subject to a Deprivation of Liberty Safeguards (DOLS)?		Yes <input type="checkbox"/> No <input type="checkbox"/>
If YES, please provide copies of the relevant paperwork		

Property

Do you / the applicant own a property?		Yes <input type="checkbox"/> No <input type="checkbox"/>
If YES, please state the value of the property		£

Are you / the applicant a tenant in a property?		Yes <input type="checkbox"/> No <input type="checkbox"/>
If a tenant, are they related to the owners?		Yes <input type="checkbox"/> No <input type="checkbox"/>
If YES, what is the relationship.....		

Do you / the applicant live in?		Own home <input type="checkbox"/> Care home <input type="checkbox"/> Hospital <input type="checkbox"/> Other <input type="checkbox"/>
If care home, please state weekly cost £		
If other, please state		

Have you /the applicant owned a property in the last 7 years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If YES, was the property sold to the new owner?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If YES Date of transfer.....		
If NO, was the property given to the new owner?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If YES Date of transfer.....		
Are you / the applicant related to the new owner?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Funeral arrangements

Are you / the applicant a member of a burial society? Yes No

If YES, please state which burial society.....

Who will be responsible for funeral arrangements?

Will

Do you / the applicant have a will? Yes No

If YES, please state where and with whom the will has been stored/deposited.....

Please state the executor/s of the will:

Name

Address

.....
..... Postcode

Tel No.....Mobile.....

Email:

Name

Address

.....
..... Postcode

Tel No.....Mobile.....

Email:

Conditions of entry

Admission is subject to a medical assessment and adherence to financial polices described in the attached documentation. Nightingale Hammerson cannot undertake to accommodate any applicant in any specific section of either of its homes and reserves the right to transfer at their sole discretion a resident to any section of either of its homes.

I hereby declare that I understand and agree to the above conditions of entry and that the statements I have made are true

Signature of Applicant / Power of Attorney [Please state which]

Date

This application will not be accepted unless signed by the Applicant / Power of Attorney.

**All forms for both homes should be returned to:-
Residents Services
Nightingale Hammerson,
105 Nightingale Lane London SW12 8NB**

Tel: 020 8673 3495

residentsservices@nightingalehammerson.org

www.nightingalehammerson.org

Registered Charity No. 207316

Jan 2015