

APPLICATION FORM

IN RESPECT OF AN APPLICANT SEEKING ADMISSION TO ANY SUBSIDISED HOME FOR THE AGED IN THE EAST LONDON AREA.

PLEASE INDICATE YOUR HOME OF PREFERENCE IN NUMERICAL ORDER, AND RETURN FORMS TO THE HOME OF YOUR CHOICE AS INDICATED BY 1 (ONE) BELOW:

FAIRLANDS Cambridge		KENNERSLEY PARK Beacon Bay		LANGHAM HOUSE Quigney	
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MANOR HOUSE Southernwood	D J SOBEY HOME Buffalo Flats
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IMPORTANT NOTICE TO ALL APPLICANTS

1. Kindly read the attached application forms very carefully before completing.
2. ALL questions must be answered in detail. Incomplete forms cannot be considered.
3. Husband and wife must complete separate forms.
4. The Statement of Income & Expenditure (Annexure B) must state monthly income and not annual. These Statements must be signed by a Financial Institution of your choice. Married couples need only complete one of these forms. Any expenditure of a continuous nature must be supported by documentary proof attached to the form.
5. "Undertaking of Next-of-Kin" must be completed and signed by family member concerned.
6. Medical Forms (as attached) must be completed by your Medical Practitioner in as much detail as possible and must accompany your application.
7. Do you consider your application as urgent?

Yes		No	
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If yes, please give reasons:

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Should you have any difficulty in understanding or compiling this application, please contact the Home of your choice for clarification.

Important: Applications will not be considered unless every question is answered in full.

1. SURNAME TELEPHONE
2. FIRST NAMES
3. PRESENT ADDRESS
..... CODE
4. DATE OF BIRTHMARITAL STATUS
5. IDENTITY NO.PREV. OCCUPATION
6. NATIONALITYHOME LANGUAGE
7. RELIGIOUS DENOMINATION
CHURCH
MINISTERTELEPHONE
8. MEDICAL: (*Medical certificate to be completed by Medical Practitioner*)
NAME AND ADDRESS OF YOUR MEDICAL ATTENDANT
.....
*(Applicants who attend Out-patients must complete the following question so that
the Home concerned will know which doctor to call in the event of an after hours
emergency)*
FRERE HOSPITAL FOLDER NUMBER
PRIVATE CHEMIST'S NAME
MEDICAL AID SOCIETY
MEDICAL AID NUMBER
9. PERSONAL FINANCIAL INFORMATION (*See attached Annexure B*)
10. IN THE EVENT OF AN EMERGENCY/CHANGE IN MEDICAL CONDITION/
DEATH, PLEASE FURNISH THE NAMES OF TWO CONTACTABLE PERSONS:
 1. TELEPHONE
CELLULAR
 2. TELEPHONE
CELLULAR

IT IS UNDERSTOOD THAT THE ABOVEMENTIONED PERSONS WILL
CONTACT ALL OTHER FAMILY MEMBERS.

11. DETAILS OF NEXT-OF-KIN:
(Names and addresses of all immediate next-of-kin and their spouses are required, as well as their occupations and contact telephone numbers).

1. NameSpouse
Address
.....Phone (home)
Phone (work)..... Cellular
OccupationOccupation
Relationship Relationship

2. NameSpouse.....
Address
.....Phone (home)
Phone (work)..... Cellular
OccupationOccupation
Relationship Relationship

3. NameSpouse
Address
.....Phone (home)
Phone (work)Cellular
OccupationOccupation
Relationship Relationship

4. Name Spouse
Address
..... Phone (home)
Phone (work) Cellular
Occupation Occupation
Relationship Relationship

12. NAME AND ADDRESS OF YOUR LEGAL ADVISOR
.....

13. ORIGINAL WILL LODGED?

14. POWER OF ATTORNEY
(It is a condition of admission that, in the event of you're not being able to conduct your own affairs, your Power of Attorney be held by either your financial institution, lawyer, or next-of-kin).
15. 1. DO YOU HAVE A FUNERAL POLICY?
(If no policy, which Undertakers must be contacted?)
2. FIRM OF UNDERTAKERS
3. In the event of your death and not having a funeral policy, please state name and address of person responsible for any debts incurred:
NAME
ADDRESS
SIGNATURE OF PERSON RESPONSIBLE FOR ANY DEBTS INCURRED:
.....
16. I submit the application to the above Home, and once admitted, undertake to comply with the Rules & Regulations in operation for the time being, and such alterations as may be made to such rules from time to time. I acknowledge receipt of a copy of the Rules & Regulations in operation as at the date of signing this agreement.
17. I declare that the information given in both this agreement and in Annexure B relating to my monthly income and assets has been accurately and fully stated.
18. I promise to pay my monthly accommodation fee in advance, before the first day of each calendar month, which shall be assessed by the Home's Management on the basis of my income and assets as stated in Annexure B, updated annually, and agree to any variation of this charge necessitated by special nursing, other attention, increased income, or any other reason whatsoever.
19. I undertake to disclose to the Home's Management any change in my income or my assets immediately the change occurs, and to accept and pay such higher charges as may be determined by the Association.
20. I further undertake that if it becomes apparent that I have any income or assets not disclosed in this form or Annexure B "Statement of Income & Expenditure", or acquire income or assets in the future without declaring same, I will pay, or authorise my Estate to pay, the full economic rate of board and lodging for the period of my residence. *(Income from assets disclosed in my Estate shall be assessed at 10% in calculating the board and lodging payable by me for the period of my residence).*
21. I consent to the Home, if it so desires, drawing my monthly pension, and for this purpose shall sign a Special Power of Attorney, which will be irrevocable whilst I am resident in the Home and will be acted upon at the sole discretion of the Home's Management.

- 22. I also note and agree that: (a) The Home cannot accept any responsibility for any personal possessions, jewellery, documents, appliances, etc. brought into the Home by the residents, or for any injury sustained by a resident. (b) Should the necessity arise for an urgent emergency operation on me, and my next-of-kin is not available, the Matron shall furnish the consent required by the hospital.
- 23. How long have you lived in East London or District?
- 24. Have you ever been resident in this or any other institution for aged or infirm? Yes/No If yes, please give name of institution, date, and reason for leaving
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- 25. Due to the present submission formula, relatives will be required to meet the shortfall between the subsidy received and the cost of accommodation, on a monthly basis. PLEASE NOTE: Transfer from one subsidised Home to another is NOT possible.

.....
DATE SIGNATURE OF APPLICANT

This form has been signed in my presence and the applicant has declared the a foregoing statements to be true and correct.

.....
DATE MAGISTRATE/ COMMISSIONER OF OATHS/ MINISTER OF RELIGION

UNDERTAKING BY NEXT-OF-KIN

I (full name)
of (address)
being the
of the applicant, do hereby contract and undertake to remove the said
..... fromwithin a period of 14
(fourteen) days from the date of the request made by the Association if the Association deems such action necessary.

DATE SIGNATURE

