APPLICATION FOR ADMISSION

Date Form Completed:	

- *The information you provide in this form is information that Mt Kooyong Nursing Home requires to assess and meet your needs and to meet Government requirements.*
- *You should consult the Home directly for information about how your privacy is protected.*
- *Please use black ink, BLOCK letters and, where indicated, tick the box or write a comment.*
- *If admission to the Facility occurs, an interview with Administration will be required to complete further requisite information.*

Date of ACAT Approval: ___ / ___ / _____

Please attach a **legible copy** of your current ACCR (Aged Care Client Record) and your letter of approval from the Dept of Health & Ageing.

Permanent Care ☐ Respite Care ☐ High Level Care ☐ Low Level Care ☐

Urgent ☐ Semi Urgent ☐ Non Urgent ☐ Dementia Unit ☐ Non Dementia Unit ☐

Person Requiring Residential Care: (*"the applicant"*)

Surname: ..... Given Names: .....

Current Location: .....

Postcode: .....

Telephone: .....

APPLICATION FOR ADMISSION

Person Completing the Application: (*"applicant or representative"*)

Surname: ..... Given Names: .....

Address: .....

Postcode: .....

Telephone (Day): ..... Telephone (A/Hours): .....

Mobile: .....

Email address (if applicable): .....

Relationship to the Applicant: ....

Correspondence relating to this Application should be sent to:

If this is the same person who is **completing** this application form, please circle: **AS ABOVE**

Surname: ..... Given Names: .....

Address: .....

Postcode: .....

Telephone (Day): ..... Telephone (A/Hours): .....

Mobile: .....

Email address (if applicable): .....

APPLICATION FOR ADMISSION

Applicant's Personal Details

Preferred name: …….. Male ☐ Female ☐

Date of Birth:…….. Age: ……..years

Marital Status: Married ☐ De Facto ☐ Single ☐ Widowed ☐ Divorced ☐ Separated ☐

Religion / Organizational Affiliations (optional): ……

Do you have any specific cultural requirements? Yes ☐ No ☐

If **yes**, please attach details:……

……

Country of Birth: ……

Preferred Language(s): ……

Do you intend to remain on the electoral roll? Yes ☐ No ☐

Pension/Income Details

Do you hold an Australian Pensioner Concession Card: Yes ☐ No ☐

If yes, indicate type of pension: Age ☐ Disability ☐ Widow ☐ Blind ☐
DVA ☐ Overseas ☐ Other ☐

What is your Pension (CRN) Number: …… Exp: ……
Or Veteran Affairs number: …… Exp: ……

Full Pension ☐ Part Pension ☐

Are you an Australian Ex-Prisoner of War? …… Yes ☐ No ☐

Family & Other Contacts

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

FIRST CONTACT

Surname: ..... Given Names: .....

Address: .....

Postcode: .....

Telephone (Day): ..... Telephone (A/Hours): .....

Telephone (Mobile): ..... Relationship to Applicant: .....

SECOND CONTACT (if none of the above numbers answer)

Surname: ..... Given Names: .....

Address: .....

Postcode: .....

Telephone (Day): ..... Telephone (A/Hours): .....

Telephone (Mobile): ..... Relationship to Applicant: .....

THIRD CONTACT (if desired)

Surname: ..... Given Names: .....

Address: .....

Postcode: .....

Telephone (Day): ..... Telephone (A/Hours): .....

Telephone (Mobile): ..... Relationship to Applicant: .....

Health Insurance & Medicare

Do you have Private Health Insurance? (eg. MBF, Medibank Private) Yes ☐ No ☐

Name of Fund: ..... Level of Cover: .....

What is your Medicare Number?:..... Expiry date: .....

*Please Note: The original of your Medicare Card **MUST** be presented to Administration for validation of details. It will not be retained by the Facility unless requested.*

Medical details

Who is your current General Practitioner?

Name: .....

Address: .....

Postcode:.....

Telephone: .....

(If you have a current, detailed summary of your health – please attach a copy)

Have you completed an Advance Health Directive? Yes ☐ No ☐

(Full medical details will be required on admission)

SMOKER? YES NO (PLEASE CIRCLE)

IF SO; HOW MANY PER DAY? TIMES OF DAY SMOKES:

Legal & Financial Management

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

Guardian ☐ Administrator ☐ *(Certified Copies will be required on admission)*

2. Enduring Power of Attorney

Financial ☐ Personal & Health ☐ *(Certified Copies will be required on admission)*

If you have ticked any of the above, please provide the names and addresses of persons/organizations appointed:

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

Address : ....

Postcode: ..... Telephone: .....

Other Relevant Details:..... .....

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

Address: ....

Postcode: .... Telephone: .....

Other Relevant Details:..... .....

Have you made a will? Yes ☐ No ☐

Please provide the name and address of person/organization holding the will

Name: ....

Address: ....

Postcode: .....

Telephone: .....

Funeral Arrangements

Have you made funeral arrangements? Yes ☐ No ☐

Please provide the name and address of the Funeral Director to be notified:

Name: ..... ……..

Address: ……..

Postcode: ……

Telephone: …….

Please indicate your wishes: Cremation Yes ☐ No ☐
Burial Yes ☐ No ☐

Any other arrangements: ..... ……

For permanent admission, you will be required to submit the result of your Assets Assessment.

(Please enclose copy with your application)

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*To assist the Home gain an accurate indication of the applicant's requirements, please **circle**, as appropriate, in the following general categories:-*

MOBILITY:		Unaided	Wheelchair	With Help
CONTINENCE:	**Bowels:**	Continent	Incontinent	Assistance
	Urine:	Continent	Incontinent	Assistance
MENTAL ABILITY:	Alert	Forgetful	Confused	Aggressive
WEIGHT:	Heavy	Medium	Light	
WANDERING:	Yes No	(if yes, please comment)		
SMOKING:	Yes No			
ADL's	Washing	Dressing	Eating	Socialising

DIAGNOSIS/PROBLEM: .....

.....

MEDICATION: .....

.....

ANY OTHER RELEVANT INFORMATION: .....

.....

.....

Thank you for taking the time to complete this application. Our contact details are:

Postal:
Mt Kooyong Nursing Home
PO Box 89
Mount Molloy, QLD 4871

Tel: 07 4094 1279
Fax: 07 4094 1378

Site:
Mt Kooyong Nursing Home
62 Mt Kooyong Road
Julatten, QLD 4871

Email: admin@mtkooyong.com.au
Web: www.mtkooyong.com.au