



APPLICATION TO LIVE IN VIEWLANDS HOUSE REGISTERED CARE HOME

Please complete in block letters)

Full Name Mr, Mrs, Miss etc.)

Married/Single/Widow/Widower.....Date of birth.....

Address.....

.....Telephone no.....

National Insurance Number

Religion

Next of kin (1).....Relationship.....

Address.....

.....Home Tel No.....

Tel No. (work)Tel No. (mob)

Next of kin (2).....Relationship.....

Address.....

.....Home Tel No.....

Tel No. (work)Tel No. (mob)

Power of Attorney - Welfare

Name Tel No.....

Address.....

Power of Attorney - Financial

Name Tel No.....

Address.....

Doctor.....Tel No.....

Address.....

Medical History:

Past serious illnesses

Past operations

Medicines currently being taken.....

.....

.....

Can you walk unaided? yes / no

If not, what walking aid do you use?.....

Are you in a wheel chair? yes / no

If so, can you propel yourself? yes / no

Can you see a) well b) not very well c) not at all?

Can you hear a) well b) not very well c) not at all?

Do you require help with:-

 getting up from bed or chair yes / no

 dressing yes / no

 going to the lavatory yes / no

 washing yes / no

 bathing yes / no

 eating or drinking yes / no

 do you need a special diet yes / no

 If YES, what special requirements do you have?

 do you have trouble with your bladder yes / no

 do you have trouble with your bowels yes / no

 do you smoke yes / no

**Please Note -
The Abbeyfield Perth Society operates a No Smoking Policy.**

What are your reasons for coming into a Registered Care Home?

How soon would you wish to move in?

What are your hobbies and interests?

It is advisable to contact Social Work Services (duty Care Manager) to inform them that you are coming in to Residential Care. When your savings fall to £26,500, please contact Social Work Services again to inform them of your financial position.

To obtain the Free Personal Care / Nursing Care Allowance you must contact Social Work Services before admission to Viewlands House. A full needs assessment will be carried out and unless the Social Work Services Care Manager agrees your need for admission to Viewlands House, the Free Personal Care / Nursing Care Allowance will not be payable although you would however be entitled to claim Attendance Allowance.

DECLARATION

1. I apply to live in Viewlands House, and I acknowledge that residents are encouraged to furnish their own rooms.

2. I confirm that any furnishings I bring into my room at Viewlands House will comply with current fire-proofing regulations.

3. I authorise the Society to make enquiries of my Doctor, and also the person named above, in connection with this application.

4. The charges for accommodation, food, heating and personal laundry are currently from £683.00 per week for residential care and from £860.00 per week for nursing care, for self funded residents. These charges are reviewed annually, any increases take effect from 1st April. I undertake to pay my fair share of any increase in charges as may be determined by the Society from time to time.

Do you have a Social Worker? yes / no

Social Worker's name

Are you self funding? yes / no

If you are self-funding, please confirm you would be able to self-fund for a minimum of 3 years.

5. I understand that Viewlands House provides Nursing Care if required but that a separate arrangement will be made with the resident and their family / Care Manager where a resident has dementia and it is felt that Viewlands House is no longer able to meet their needs. In this event it may, therefore, be necessary for the resident to transfer to a more suitable environment.

6. If I wish to leave I undertake to give the Society two months notice in writing of my intention to do so.

Signature..... Date.....

Or Signed on behalf of

By (PRINT NAME)

Signature..... Date.....

Acting in what capacity?

When completed, this form should be returned to:

**The Manager
The Abbeyfield Perth Society Limited
Viewlands House, 25 Viewlands Road
Perth, PH1 1BL**

(April 2018)