ROSHANA GROUP OF COMPANIES

ADMISSION INFORMATION

Surname:	First name/s:
Title:	Preferred name:
Address:	
Date of Birth:	ACCR/My Support Plan Copy to be provided
Gender:	Date of Admission:
Place of Birth:	Marital status:
Language Spoken:	Religion:
Nationality: Interpreter required: Yes No	Clergy Contact:
Medicare Number:	Position on card: Expiry date:
St John Ambulance No:	Expiry Date:
Private Health Fund:	Fund No:
Pensioner: Full ☐ Part ☐ Non ☐ Pension No:	Type: DVA ☐ AGED ☐ Expiry:
Power of Attorney: Yes No	Photocopy is required at admission
Does the resident have a Legal Guardian?	Yes No
Name of Guardian	
Address:	Telephone:
Is the Resident under the care of State Trustee:	Yes No
Name of Executor of Will:	

Next of Kin - contact 1st		Relationship:
Address:		
Telephone: (Home)	(Work)	(Mobile)
Email address:		
Contact 2nd		Relationship:
Address:		
Telephone: (Home)	(Work)	(Mobile)
Email address:		
Contact 3rd		Relationship:
Address		
Telephone: (Home)	(Work)	(Mobile)
Doctor	Phone:	
Admission Diagnosis:		
Allergies:		

ROSHANA GROUP OF COMPANIES

APPLICATION FORM
GWEN HARDIE LODGE/ANNIE BRYSON McKEOWN LODGE

Applicant's details

Title	☐ Mr ☐ Miss ☐ Mrs ☐ Ms		
First Name			
Preferred name			
Surname			
Address - street			
Suburb		State	Postcode
Home phone		Mobile	
Email			
Date of birth			
Marital status			
Country of birth			
Cultural background			
Religion (optional)			
Are you Aboriginal or a Torres Strait Islander?	☐ Yes ☐ No		
Do you require and interpreter?	☐ Yes ☐ No		

Primary contacts

1. Title	☐ Mr ☐ Miss ☐ Mrs ☐ Ms		
First Name		Surname	
Relationship to Applicant			
Address - street			
Suburb		State	Postcode
Home phone		Mobile	
Email			
Do you have the legal authority to make decisions on behalf of the Applicant? What type?			
☐ Enduring Power of Attorney	☐ Guardianship	☐ Administrator	

2. Title	☐ Mr ☐ Miss ☐ Mrs ☐ Ms		
First Name		Surname	
Relationship to Applicant			
Address - street			
Suburb		State	Postcode
Home phone		Mobile	
Email			
Do you have the legal authority to make decisions on behalf of the Applicant? What type?			
☐ Enduring Power of Attorney	☐ Guardianship	☐ Administrator	

ROSHANA GROUP OF COMPANIES

3. Title	☐ Mr ☐ Miss ☐ Mrs ☐ Ms		
First Name		Surname	
Relationship to Applicant			
Address - street			
Suburb		State	Postcode
Home phone		Mobile	
Email			
Do you have the legal authority to make decisions on behalf of the Applicant? What type?			
☐ Enduring Power of Attorney	☐ Guardianship	☐ Administrator	

Current accommodation – where do you live at the moment?

☐ A residential Aged Care Facility	☐ In Hospital awaiting placement
☐ In Transitional care	☐ With a family member
☐ In your own home	☐ Other:

When do you require accommodation?

☐ As soon as possible	☐ Future date

Which type of accommodation are you looking for?

☐ Permanent residential	☐ Secure dementia	☐ Respite

Pension details

☐ Full pension	☐ Part pension	☐ No pension
☐ Aged pension	☐ Disability pension	☐ Widow
☐ DVA	☐ Blind	☐ Overseas

Pension concession card number

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Expiry date: / /

DVA treatment card number

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Expiry date: / / Colour: ☐ Gold ☐ White ☐ Orange

Medicare card number

☐☐☐☐ - ☐☐☐☐☐ - ☐☐☐

☐ Individual cared reference number Valid to: / /

Health fund details

Your health fund provider: ____________________

Membership number: ☐☐☐☐☐☐☐☐☐☐☐☐

Expiry date: / /

Your Assets

Do you presently own your own home?

☐ Yes ☐ No If " Yes " do you own your home solely or in partnership with someone else?

☐ Solely ☐ In partnership

After you move into our facility will someone else still be living in the home?

☐ Yes ☐ No ☐ Not applicable

If yes please give details of who, including their pension type and the date of commencement.

____

____

Have you made gifts of over $10,000 in any one year during the last five years, or totalling $30,000 in any five year period? ☐ Yes ☐ No

What was the last year you submitted a tax return? ☐☐☐☐

Have you been or are you a participant in a family trust? ☐ Yes ☐ No

If yes, what was the last year that you received a benefit from it and what was the approximate benefit?
Date: / / $ ____________

Please complete the following table: (*please include only the value of your share of an asset)
Note: If you own your own home and any of the following live with you: spouse; partner; dependent child: under 16 or a fulltime student; Carer, eligible for pension or benefit, who has lived there for more than 5 years; immediate family, eligible for pension or benefit, who has lived there for more than 5 years; You do NOT need to include your home in your assets estimate.

Assets*	**$**
Value of home, excluding contents	
Household contents and effects	
Shares – current value	
Real Estate (other than your home)	
Term deposits	
Bank accounts	
Motor vehicle	
Boat	
Caravan	
Collections (stamps/art/jewellery/other)	
Any other Assets:	
1.	
2.	
3.	
Total Assets	

Liabilities	**$**
Mortgage on your home	
Other mortgages:	
1.	
2.	
3.	
Loans	
Any other liabilities (eg. bank overdraft)	
1.	
2.	
3.	
Total liabilities	

Doctor

Name of your General practitioner	
Name of practice:	
Address	
Telephone	
Will you remain with this GP?	☐ Yes ☐ No

Other Health professionals

Name	
Field	
Contact number	
Name	
Field	
Contact number	
Name	
Field	
Contact number	

Medical information

Please list any medical conditions you have (e.g. Diabetes, Arthritis etc.)
Please list any medications you take and the dosage if you know it.
Please list any allergies you have