

**Prospective Resident Application Form**

**PRIVATE & CONFIDENTIAL**

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| **APPLICATION TO LIVE AT:**Abbeyfield (Brecon) Society Ltd.Abbeyfield HouseOld Station CloseCamden RoadBreconPowysLD3 7RT |

**1. Name of Applicant:**

 Surname First Name(s)

 Current Address

 Telephone number Date of Birth

 National Insurance Number …………………………………………..

 If someone else is applying on your behalf please give their details here:

 Name……………………………………………………………………….

 Address……………………………………………………………………………………………………………………….

 Telephone………………………………………………. Mobile………………………………………………………

 Email……………………………………………………………………………………………..

 Relationship to Applicant:…………………………………………………………………………………..

 Legal status if any (eg. Lasting Power of Attorney (Although not required by Abbeyfield, we do strongly recommend obtaining a lasting Power of Attorney)):………………………………………………………………………………………………………………..

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**2.** **How are you coping at home?**

 Are you able to manage the following:

Cleaning & Household tasks Yes No

Personal Care Yes No

Preparing meals, etc Yes No

Is there anything else you would like us to know about how you are coping at home?

**3. Support and Help**

 Do you receive any help in your current home such as a Home Help, Meals on Wheels, Visiting Carers, District Nurse etc.

 Yes No

 If yes please give details:

 Are there any other additional services you would you like to receive? (Abbeyfield Brecon Society Ltd may be able to help arrange for new and continuing support, should that be necessary when living in an Abbeyfield house)

 **Mobility**

 **PLEASE BE AWARE – AT THIS PRESENT TIME WE ARE UNABLE TO ACCEPT WHEELCHAIR USERS**

Which of the following best describes your current mobility?

 I have no problems whatsoever with my mobility

 I need to use any of the following:

* A walking stick
* Two walking sticks
* A Zimmer Frame
* A Wheelchair
* A Motorised Scooter

 I need assistance getting out of a chair

 I need assistance getting in/out of bed

 I need assistance dressing

 How far can you walk with ease, either unaided with or without your walking aids?

 …………………………………………………………………………………………………………….

 Are the stairs a problem to your mobility? Yes No

 Is there anything else you would like us to be aware of regarding your support and help?

 **Health**

Your response to the following questions will be treated in the strictest confidence.

1. Are you being treated for any illness either by medication, physiotherapy or any other treatment?

 ………………………………………………………………………………………………………………………………..

1. How would you best describe your memory?

* My memory is excellent
* I sometimes can’t remember things
* I often can’t remember things
1. If you have been admitted to hospital in the last two years, please give details here:

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1. If you are successful in your application for residency, a more detailed health form will need to be completed. At this stage is there anything else you would like us to know about your health?

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**4. Social Contact**

 Do you have regular contact with family, friends, neighbours?

 Yes No

 Does where you live make it difficult for you to enjoy social contact and/or pursue leisure/cultural interests, etc?

 Yes No

 Regarding social contact, is there anything else you would like us to know?

**5. At Risk?**

 Do you have security of tenure? Yes No

 Is there any threat of homelessness? Yes No

 Is your home safe and secure? Yes No

 Is there any other information you want us to know about in relation to the above?

**6. Other Information about you**

 It is useful to have as much appropriate information as possible with regard to your application for housing.

 Do you smoke? Yes No

 ***(Please note: The house has a no smoking/vaping policy throughout including the flats)***

 Do you have a pet you would wish to bring to Abbeyfield with you?

 Yes No

 If yes please give details

 What are your interests and hobbies? ……………………………………………………………….

 ………………………………………………………………………………………………………..

 How do you feel you would benefit by moving into an Abbeyfield House?

 Do you have any dietary requirements?.........................................................................

 …………………………………………………………………………………………………………………………………..

 Please tell us how you heard about Abbeyfield?

 Is there any other information at all in relation to your application that you would like us to know about?

**7. How do you propose to pay the monthly charge?**

 Personal income/savings

 Welfare benefit income

Support from family/others

 Other sources

**8. Ethnic Origin**

 We aim to provide fair and equal access to Abbeyfield services and we house people according to their needs. To help achieve this we keep records to show that we treat everyone fairly and your assistance will help us to do this. Please note that this information will not influence the outcome of your application in any way.

 Asian Caribbean

 White UK/European Black UK/European

 Irish African

 Other/mixed Other

**Your Representatives**

**9.** Your sponsor. At Abbeyfield we like each resident to nominate a trusted friend, relative or next of kin who can give you outside support if you need it and on whom we can call in an emergency. We call this person the resident’s sponsor or representative. Please give the name and address of the person you may chose as your sponsor. If you do not know anyone who could do this please say, in order that we can help identify someone.

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Having a sponsor is not a condition of entry.

**10.** Person granted power of attorney. If you have appointed someone as your

 attorney please give their name and address.

Name .....................................................................................................................................

Address..................................................................................................................................

……………………………………………………………………………………………….

Tel No ……………………………………………………………………………………….

Abbeyfield encourages residents to grant enduring power of attorney when they move into an Abbeyfield house. This is not a condition of entry.

**11. Declaration and Signature**

 ***Please Note:*** It is an offence to give false information or to withhold information. This may result in your application being rejected or your tenancy with Abbeyfield being terminated *(Housing Act 1996, Section 102)*.

 I have read and understood the above and I declare that all the information given is correct to the best of my knowledge.

 Signed Date

 Print full name in capitals

**Data Protection Statement for Prospective Resident Application Form**

 **How we use your Personal Information**

 Any personal information you give to us will be processed in accordance with the Data Protection Act 1998. The Abbeyfield Society will use the information to process your request and to provide you with the relevant information about Abbeyfield’s homes and services. As part of this process, we may pass your details onto selected Abbeyfield Homes who may contact you directly. It may also be used to support the Abbeyfield Society’s marketing and market research activities.

 For further information, please see the Privacy Statement on Abbeyfield’s website at <https://www.abbeyfield.com/privacy-policy>

 If you would like to stop receiving communications from Abbeyfield, please write to us at the address below.

This form should be signed and returned to:-

Application Secretary, Abbeyfield House, Old Station Close, Brecon, Powys LD37RT

Tel No: 01874 611533 Email: abbeyfieldbrecon@btconnect.com

**If we do not receive this initial application form back within 4 weeks we will assume you no longer wish to be considered and will remove your details from our file.**