

Application for (please tick) :      **Nightingale House**                       **Hammerson House**

**[To be completed by the Applicant or the Power of Attorney as applicable]**

<b>PERSONAL INFORMATION</b>		Title:	Mr/Mrs/Miss/Ms/Other	
Forename (s):				
Surname:				Maiden/ Other name:
Single <input type="checkbox"/>	Married <input type="checkbox"/>	Partner <input type="checkbox"/>	Widowed <input type="checkbox"/>	
Place and Country of Birth:				Date of Birth:
Nationality:				NHS Number:
Permanent address:		Present address (if different):		
.....		.....		
.....		.....		
.....		.....		
Postcode .....		Postcode .....		
Email.....		Email.....		
Telephone.....		Telephone.....		
Name of local authority where you/the applicant normally lives				
Have you/the applicant's local authority been approached for funding?				Yes <input type="checkbox"/> No <input type="checkbox"/>
If <b>YES</b> , what was the outcome? <i>Please attach any correspondence from the local authority confirming that funding is in place</i>				
Do you/the applicant have an assigned social worker? If so, please provide contact details				

<b>GENERAL PRACTITIONER/DOCTOR</b>	
Name:	
Address:	
	Postcode:                      Telephone
Mobile:	Email:

<b>FIRST POINT OF CONTACT/NEXT OF KIN</b>	
Name:	Relationship to applicant:
Address:	
	Postcode: Telephone:
Mobile:	Email:
<b>NEXT OF KIN 2</b>	
Name:	Relationship to applicant:
Address:	
	Postcode: Telephone:
Mobile:	Email:
<b>NEXT OF KIN 3</b>	
Name:	Relationship to applicant:
Address:	
	Postcode: Telephone:
Mobile:	Email:
<b>NEXT OF KIN 4</b>	
Name:	Relationship to applicant:
Address:	
	Postcode: Telephone:
Mobile:	Email:

<b>POWER OF ATTORNEY</b>			
Is there a Power of Attorney (POA) in place?			Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, what type of POA is it?	Lasting Power of Attorney (LPOA) <input type="checkbox"/> Enduring Power of Attorney (EPOA) <input type="checkbox"/>		
If LPOA, please tick what LPOA is for:	Health & Welfare <input type="checkbox"/>	Finance & Property <input type="checkbox"/>	
<i>Please attach copy of EPOA/LPOA if available</i>			
Please state the holder/s of EPOA /LPOA			
Name (and type of LPOA held):			
Address	Postcode:		
Telephone:	Mobile:	Email:	
Name (and type of LPOA held):			
Address	Postcode:		
Telephone:	Mobile:	Email:	

Has a Deputy been appointed by the Court of Protection?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Address:	Postcode:	Telephone:
Mobile:	Address:	

<b>MENTAL CAPACITY</b>	
Do you/the applicant have capacity to make the decision regarding this placement?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>If NO, who is making the decision regarding residency?</i>	
Name:	Relationship to applicant:
Address:	
	Postcode:
Contact details:	Home: Mobile:
	Email:

Have you/the applicant ever been subject to a mental capacity assessment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>If YES, what was the outcome of the assessment? Please provide relevant paperwork</i>		
Have you/the applicant ever been subject to a Deprivation of Liberty Safeguards (DOLS)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>If YES, please provide relevant paperwork</i>		

<b>PROPERTY</b>	
Do you/the applicant live in?	Own home <input type="checkbox"/> Care home <input type="checkbox"/> Hospital <input type="checkbox"/> Other <input type="checkbox"/>
If care home, please state weekly cost	£
If other, please state	
Are you/the applicant a tenant in a property?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If a tenant, are you/the applicant related to the owners?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>If YES, what is the relationship</i>	
Do you/the applicant own a property?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>If YES, please state the value of the property</i>	£
Have you/the applicant owned a property in the last 7 years?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>If YES, was the property sold to the new owner?</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>If YES, what was the date of transfer?</i>	/ /
How much was the property sold for?	£
<i>If NO, was the property given to the new owner?</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>If YES, Date of transfer</i>	/ /
Are you/the applicant related to the new owner?	

<b>SYNAGOGUE MEMBERSHIP</b>	
Are you/the applicant a member of a Synagogue?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If <b>YES</b> , please state which Synagogue	
If yes, please state how the membership payments are made	
Please state your/the applicant's Hebrew name, if known	

<b>FUNERAL ARRANGEMENTS</b>	
Are you/the applicant a member of a burial society?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If <b>YES</b> , please state which burial society	
Who will be responsible for funeral arrangements?	

<b>WILL</b>	
Do you/the applicant have a will?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If <b>YES</b> , please state where and with whom the will has been stored/deposited	
Name:	
Address:	
	Postcode:
Telephone:	Email:
Name:	
Address:	
	Postcode:
Telephone:	Email:

<b>PLEASE STATE THE EXECUTOR/S OF THE WILL</b>	
Name:	
Address:	
	Postcode: Telephone:
Mobile:	Email:

### Conditions of entry

Admission is subject to a medical assessment and financial assessment.

I hereby declare that I understand and agree to the above conditions of entry and that the statements I have made are true.

<b>Signature of applicant/Power of Attorney:</b>	<b>Date:</b>
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This application **will not be accepted** unless signed by the Applicant / Power of Attorney.

### Forms for both homes should be returned to:

#### Residents Services

Nightingale Hammerson  
105 Nightingale Lane London SW12 8NB  
Tel: 020 8673 3495  
residentservices@nightingalehammerson.org