



**HEWLETT COURT**  
**EAST LANCASHIRE MASONIC CHARITY**  
**(APPLICATION FORM FOR RESIDENCY OR SHORT STAY)**



Name: \_\_\_\_\_

Age: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_

Lodge name: \_\_\_\_\_

\_\_\_\_\_

Lodge Number: \_\_\_\_\_

\_\_\_\_\_

Name of freemason: \_\_\_\_\_

Tel No: \_\_\_\_\_

Relationship: \_\_\_\_\_

Dates requested:	
From: ____/____/____	To: ____/____/____

National insurance number (for permanent resident application only): \_\_\_\_\_

NHS Number (can be found on prescription - 10 numbers): \_\_\_\_\_

Do you have any health conditions? \_\_\_\_\_

Have you been admitted to hospital within the past 6 months? If so what for?

\_\_\_\_\_

Medications (please attach a copy of prescription):

\_\_\_\_\_

Do you self-medicate? YES / NO

If not, do you have carers in place to administer medication? YES / NO

Do you agree to be temporarily registered with our local doctor's surgery (if not from Bury area): YES / NO

Applicant's doctor: \_\_\_\_\_

Address and tel no: \_\_\_\_\_

\_\_\_\_\_

Do you agree to a trial residence of one or two weeks? YES / NO

Name and address of nearest relative:

\_\_\_\_\_

\_\_\_\_\_

Tel No: \_\_\_\_\_ Mobile: \_\_\_\_\_

Name and address of person to be contacted in emergency:

\_\_\_\_\_

\_\_\_\_\_

Tel No: \_\_\_\_\_ Mobile: \_\_\_\_\_

I acknowledge that Hewlett Court is Sheltered Accommodation and supports independent living.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_



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**If there is any additional information you would like to add to your application, please use the space below;**

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**Lodge Certificate**

**Those eligible are East Lancashire Freemasons and their dependants.**

**This application is supported by:** \_\_\_\_\_

**Lodge No:** \_\_\_\_\_

**Signed (Almoner):** \_\_\_\_\_

**Tel No:** \_\_\_\_\_

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