



HEWLETT COURT SHELTERED HOUSING APPLICATION FOR PERMANENCY OR SHORT STAY.



(Please Note: If you need help in completing this form, please tell us and we will arrange assistance)

The information you give on this form helps us to decide if we can meet your needs for the prospective future stay.

For your application to be accepted It is important that you (or somebody helping you):

- **Complete the form fully.**
- **Provide up to date, accurate information.**
- **Sign the form.**

Name of Applicant:	Date Of Birth:	Age:
Address of Applicant:		
Postcode:		
Telephone Number:	National Insurance Number:	NHS number:
Applicants GP and Surgery:		
Telephone number:		
Next of Kin nominee in an emergency:		
<i>Name</i>		<i>Relationship</i>
<i>Address</i>	<i>Telephone numbers</i>	
<i>Postcode</i>	<i>Email</i>	
<i>If there is more than one person to contact in an emergency, please add details.</i>		
Does the applicant agree to a trial stay of one or two weeks? <i>(Depending on how the applicant can manage, we may have to contact you to collect the applicant if there is a risk to their health, safety, or wellbeing)</i>	YES / NO	
Does the applicant agree to be temporarily registered with our local GP Surgery <i>(if not in the Bury area)</i>	YES / NO	

Please tick whichever is applicable. ✓		
I am fully mobile.	I sometimes need help	I am not mobile
I walk unaided.	I walk with a stick or frame.	I use a wheelchair to get around.
I can dress/undress.	I can partly dress.	I find dressing difficult
I take medication myself and find it works well.	I sometimes struggle with taking my medication.	I find it difficult to take my medication and need help.
I am generally in good health.	I am not always in good health	I have ongoing medical needs
I do my own laundry.	I do some laundry but struggle.	I do not do my own laundry.
I have symptoms of incontinence.	YES / NO	
I have been diagnosed with cognitive disorder by a Health Practitioner?	YES / NO	
If taking medication , please provide a copy of your prescription when you hand in the completed form. This is very important.		

Additional **Medical conditions** we need to be aware of (continue a separate sheet if necessary).

Do you have any Dietary needs?

Do you have a DNR with your GP?

Freemasonry:

Lodge Name:

Lodge Number:

Name of Freemason:

Relationship:

Lodge Certificate

Those eligible are East Lancashire Freemasons and Their Dependents.

This application is supported by:

Lodge No:

Almoners Signature:

Telephone No:

Date:

Declaration

The information on the above form is, as far as I am aware accurate.

Applicant Signature: _____ Date: _____

or

Signed on Behalf of: (please print name) _____

Signature: _____

Date: _____

Relationship to applicant: _____

Thank you for taking the time to fill in this form.