



STRICTLY CONFIDENTIAL

APPLICATION FOR PALMERSTON RESIDENTIAL CARE HOME

9-17 Palmerston Road, Belfast, BT4 1QA Tel: 028 90656166

Please complete this form using BLOCK CAPITALS and return to the above address.

If you have any difficulty in completing this form, please contact the Home Manager on the above number.

1. PERSONAL DETAILS

Name: Mr / Mrs / Miss _____

Address: _____

_____ Post Code _____

Tel : _____

Correspondence Address if different from above: _____

_____ Post Code _____

Date of Birth: _____ National Insurance No: _____

2. MEDICAL INFORMATION

Have you any illness or disability? _____

Are you able to dress yourself? YES / NO _____

Are you able to feed yourself? YES / NO _____

Can you walk unaided? YES / NO _____

Name of Doctor: _____

Address: _____

_____ Tel: _____

Name of Care Manager/ Social Worker: _____

Address: _____

_____ Tel: _____

3. FAMILY DETAILS

Name & address of relative/ friend/ representative who is willing to act as Next of Kin:

Mr / Mrs / Miss

Mr / Mrs / Miss

Name: _____

Name: _____

Address: _____

Address: _____

Tel: _____

Tel: _____

Email: _____

Email: _____

Relationship to Resident: _____

Relationship to Resident: _____

4. OTHER INFORMATION

Is there any other information you wish to give about your application? _____

5. SIGNATURE

I wish to be considered for a place at Palmerston Residential Care Home and consent to the information provided being shared with other professionals to help in the assessment of my needs.

Signature of applicant/ representative: _____

Date: _____