

Gunther Village Admission Application



APPLICANTS NAME

DATE COMPLETED

PERMANENT OR RESPITE CARE (Please circle)

- ❖ As pages of this application may be detached for photocopying, please write the Applicants Name at the top of each page.
- ❖ The information you provide in this form is information that a Residential Care Service would normally require to assess and meet your needs and to meet Government requirements for calculating amounts that you would pay. It also could affect subsidies the Government would pay.
- ❖ Please consult Gunther Village directly for information about how your privacy is protected.
- ❖ Please use a Black Biro, BLOCK LETTERS and, where indicated, tick the box or write a comment.

Have you been assessed by an Aged Care Assessment Team? **Yes / No** Referral Code: _____

Please circle one of the following:

Urgent: ____ Non urgent: ____

Diagnosis of Dementia _____

Note: Supporting documentation from the Medical Officer will be required for admission to our Memory Support Unit, for clarification please contact Gunther Village on (07) 4161 3699.

PREVIOUS Aged Care Residential Accommodation Details:

Have you ever entered a Residential Aged Care Facility as a Permanent Resident in the past? **Yes / No**

If **Yes**, please provide the following details:

Did you agree to pay a Refundable Accommodation Deposit (RAD) **Yes / No**

Did you agree to pay a Daily Accommodation Payment (DAP) **Yes / No**

Did you agree to pay a combination of the two RAD ½ & DAP ½ **Yes / No**

Date of Admission to first facility: ____/____/____ Name of Facility: _____

Address: _____ Postcode: _____

Phone number: _____ Contact person: _____

APPLICANTS DETAILS (Person requiring residential care)

Surname:		Given Names:	
Preferred Name:		Title:	Gender:
How do you prefer to be addressed: (E.g. Mr or Mrs or first name basis)			
Current Location:			
Home Address:			Postcode:
Home phone:		Mobile phone:	
Date of Birth:		Country of birth:	
Marital status: (Please circle) Married De Facto Single Widowed Divorced Separated			

ADDITIONAL INFORMATION (Person requiring residential care)

Religion / organisational affiliations (optional): _____

Do you have any specific cultural requirements? **Yes / No** If **yes**, please attach details: _____

Primary Language:	Secondary Language:	
Do you intend to remain on the electoral role? Yes / No	Are you of Aboriginal or Torres Strait Islander descent? Yes / No	
Do you hold an Australian Pensioner Concession Card? Yes / No		
If yes , indicate type of pension: (Please circle) Age Disability Widow Blind Overseas DVA Other:		
What is your pension number:	Expiry Date:	
Full pension:	Part pension:	Self-Funded:
Are you an Australian Ex-Prisoner of War? Yes / No		
As of the 1st May 2020, have you been vaccinated against influenza? Yes / No If yes, please provide evidence		

APPLICANTS NAME

HEALTH INSURANCE AND MEDICAL DETAILS

Do you have Private Health Insurance? (E.g. MBF, Medibank Private, Bupa) **Yes / No**

Name of Fund: Level of Cover:

Membership Number: Ambulance Cover: **Yes / No**

What is your Medicare Number: ID: Expiry Date:

Name as it Appears on Medicare Card:

Transport Access Scheme: **Yes / No** Number:

Diabetic Association Number: Nominated Hospital:

Have you completed an Advanced Health Directive? Yes / No (if yes, please attach)

Who is your current General Practitioner? Name:

Address: Postcode:

Phone number: Fax number:

NB: Full medical details will be required on admission

FUNERAL ARRANGEMENTS FOR APPLICANT

Have funeral arrangements been made? **Yes / No** (Please provide the name and address of the Funeral Director to be notified)

Name:

Address: Postcode:

Telephone: Telephone (A/Hours): Mobile:

Please indicate your wishes: Cremation: **Yes / No** Burial: **Yes / No**

Any other arrangements:

CORRESPONDANCE RELATING TO THIS APPLICATION SHOULD BE SENT TO:

Surname: Given Names:

Address: Postcode:

Telephone: Telephone (A/Hours) Mobile:

Email Address (if applicable):

FAMILY AND OTHER CONTACTS – Whom do you wish to name as contact(s) for you?

NEXT OF KIN

Surname: Given Name:

Address: Postcode:

Telephone: Telephone (A/Hours): Mobile:

Relationship to applicant:

Email Address (if applicable):

PRIMARY CONTACT (Please circle if Next of Kin is Primary Contact: AS ABOVE)

Surname: Given Name:

Address: Postcode:

Telephone: Telephone (A/Hours): Mobile:

Relationship to applicant:

Email Address (if applicable):

SECONDARY CONTACT (if none of the above numbers answer)

Surname: Given Name:

Address: Postcode:

Telephone: Telephone (A/Hours): Mobile:

Relationship to applicant:

Email Address (if applicable):

Gunther Village Admission Application



APPLICANTS NAME

FAMILY AND OTHER CONTACTS CONTINUED:

THIRD CONTACT (if none of the above numbers answer)

Surname: _____ Given Name: _____

Address: _____ Postcode: _____

Telephone: _____ Telephone (A/Hours): _____ Mobile: _____

Relationship to applicant: _____

Email Address (if applicable): _____

LEGAL AND FINANCIAL MANAGEMENT DETAILS

Have any of the following people been appointed on your behalf?

Guardian: Yes / No **Certified Copies are required with application**

Administrator: Yes / No **Certified Copies are required with application**

Enduring Power of Attorney (Financial): Yes / No **Certified Copies are required with application**

Enduring Power of Attorney (Personal & Health): Yes / No **Certified Copies are required with application**

If **yes** to any of the above, please provide the names and addresses of persons/organisations appointed

FIRST

Surname: _____ Given Name: _____

Address: _____ Postcode: _____

Telephone: _____ Telephone (A/Hours): _____ Mobile: _____

Relationship to applicant: _____

Other Relevant Details: _____

SECOND

Surname: _____ Given Name: _____

Address: _____ Postcode: _____

Telephone: _____ Telephone (A/Hours): _____ Mobile: _____

Relationship to applicant: _____

Other Relevant Details: _____

Have you made a will? Yes / No

Please provide the name and address of person/organisation holding the will

Name: _____

Address: _____ Postcode: _____

Telephone: _____ Telephone (A/Hours): _____ Mobile: _____

Print Name: _____ Signature: _____ Date: _____

Relationship: _____

Office use only	
Date Application Received:	Application received by:
Admission Date:	Approved by:
Departure Date if Respite:	
Room Number:	Wing:

Gunther Village is committed to providing excellent customer service, if you have any questions please contact our friendly staff during business hours. Phone: (07) 4161 3699 Fax: (07) 4161 3612