

Application for Permanent / Respite Admission to Residential Aged Care



**Darlingford Upper Goulburn
Nursing Home**

5 High Street, EILDON VIC 3713
Phone 03 5774 2711 Fax: 03 5774 2622
ABN 14 428 357 750 Inc No. A0018756R
Email: darlingford@dughn.com.au

Are you applying for: Permanent Entry **or** Respite Care

APPLICANT INFORMATION

Title (Mr, Mrs, Miss etc)			
Surname			
First Name			
Middle Name			
Preferred Name			
Date of Birth	/ /	Country of Birth	
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other
Telephone/Mobile No.			
Home Address			
	State	Post Code	

MY AGED CARE INFORMATION

Have you been assessed by the Aged Care Assessment Team as requiring residential care?	<input type="checkbox"/> No <input type="checkbox"/> Yes Date of Assessment: / /
My Aged Care – Referral Number (Respite)	
My Aged Care – Referral Number (Permanent Care)	
Current NDIS/NDIA Support Plan or Package	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide a copy

PENSION / MEDICARE INFORMATION

Medicare Card Number and URN	URN	Expiry: / /
Pensioner Concession Card		
Department of Veteran Affairs Card No. (if applicable)		
Ambulance Subscriber No.		
Commonwealth Medical Services Entitlement No		
Date of your last Flu immunisation	/ /	
Date of your last COVID immunisation	/ /	
Do you have any allergies or intolerances to food or Medication? If yes, please give details:		

Are you of Aboriginal and/or Torres Strait Islander origin?

Yes, Aboriginal Yes, Torres Strait Islander Yes Aboriginal and Torres Strait Islander No

If you need an interpreter to help with everyday English, please write the language you speak here:

Please advise of any cultural, religious or other organisations that you would like to remain in contact with.

Please advise whether you have cultural or religious requirements, such as special dietary needs

Application for Permanent / Respite Admission to Residential Aged Care



Darlingford Upper Goulburn Nursing Home

5 High Street, EILDON VIC 3713
Phone 03 5774 2711 Fax: 03 5774 2622
ABN 14 428 357 750 Inc No. A0018756R
Email: darlingford@dughn.com.au

Are you on the Electoral Roll? Yes No

APPLICANT PERSONAL CONTACT DETAILS

NOMINATED REPRESENTATIVE: (if any) e.g. Enduring Power of Attorney, Guardian

Full Name			
Address			
Contact No:	Business	Private	Mobile
Email:			
Relationship			

Please provide a copy of the authority documents with this application.

NEXT OF KIN

Full Name			
Address			
Contact No:	Business	Private	Mobile
Relationship			

RESPONSIBILITY FOR PAYING ACCOUNTS AND RECEIVING CORRESPONDENCE

Do you wish to be responsible for receiving correspondence from Darlingford Upper Goulburn Nursing Home Inc., including accounts, once you have accepted a place?

Yes, I would like to receive my correspondence

No, I would like my nominated representative to receive my correspondence:

Name of Representative _____

GENERAL PRACTITIONER

Name :	Telephone No:
Email:	Fax:
Would you prefer your GP continue to visit you while you reside at "Darlingford"	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please be aware some GP's do not visit in Residential Aged Care, we can arrange a GP to support you, or we can provide Billing Numbers if your GP is willing to Telehealth consult for your care.

When do you wish to take up residence at Darlingford Upper Goulburn Nursing Home _____/_____/_____

Signature of Applicant or Representative: _____ Date: _____/_____/_____

Note: The information collected on this form is for the purpose of your application and is not disclosed for any other purpose. It is stored with your records in the administration office.

Office Use Only

Application on ECase ID NO: _____