

Application for Residency



Please complete all sections if applying for residency. Only complete Section A if applying to be placed on the waiting list

Residency Waiting List (Tick one)

Please **PRINT** clearly as you complete both sides of the form

Section A – General Information

Surname : _____

Other names : _____

Preferred name : _____

Address : _____

_____ PC : _____

Telephone : _____

Mobile : _____

Fax : _____

Gender : Male Female

Date of Birth : ____/____/____

Country of Birth : _____

Language : English Only

Other Language

Second Language : _____

Marital Status :

Married Never Married

Widowed Divorced

Religion : _____

Do you give permission for staff to disclose your religious affiliation to visiting clergy and/or their representative?

Yes / No

Mobility :

No Mobility Aids Wheelchair

Walking Stick Electric Scooter

Walking Frame Electric Wheelchair

Wheelie Walker

Financial Status :

Concessional Part Pension

Self Funded Full Pension

Accommodation Required :

Independent Living Unit Hostel

Type of Unit : 1 Bedroom 2 Bedroom

1 Bed+Garage 2 Bed+Garage

Rental 2 Bed+Carport

Priority :

ASAP 3m 6m 12m 18m

Application for Residency



Section B – Residency Information

Medical

Medicare No : _____

Medicare Ref No : _____

Medicare Exp Date : ____/____

Private Health Fund : _____

Private Health Fund No : _____

Private Fund Exp Date : ____/____

Doctor : _____

Doctors Phone No : _____

Billing Details

Send Account To :

Self Second Party

Name : _____

Address : _____

_____ PC : _____

Pension Type : _____

Pension No : _____

Exp Date : ____/____

Legal - Solicitor

Name : _____

Address : _____

_____ PC : _____

Telephone : _____

Power of Attorney

Name : _____

Address : _____

_____ PC : _____

Telephone : _____

Relationship : _____

Power of Attorney (PA)

Enduring Power of Attorney (EPA)

Financial Manager

Name : _____

Address : _____

_____ PC : _____

Telephone : _____

Application for Residency



Section B – Continued

Funeral

Name of Organisation or Person to
Contact: _____
Address : _____

_____ PC : _____
Telephone : _____
Executor : _____

People to Contact

Primary Contact 1

Name : _____
Address : _____

_____ PC : _____
Telephone : _____
Work/Mobile No : _____
Relationship : _____

Primary Contact 2

Name : _____
Address : _____

_____ PC : _____
Telephone : _____
Work/Mobile No : _____
Relationship : _____

Primary Contact 3

Name : _____
Address : _____

_____ PC : _____
Telephone : _____
Work/Mobile No : _____
Relationship : _____

Yukana Public Information Document

Have you received a copy of the PID for
Yukana retirement Village?

Yes No

Signature : _____

Date : ____/____/____