

105 Nightingale Lane, London SW12 8NB Tel: 020 8673 3495 F: 020 8675 2258 Reg Charity 207316

## Personal details

**Important: Please answer every question in block capitals**

Surname	Forename	Mr/Mrs/Miss/Ms/Other
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Maiden Name	Place and Country of Birth
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Age	Date of birth	Single <input type="checkbox"/>	Married <input type="checkbox"/>	Widowed <input type="checkbox"/>
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Permanent address ..... ..... ..... Postcode ..... Tel No:                      Mobile Email	Present address (if different) ..... ..... ..... Postcode ..... Tel No:                      Mobile Email
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<b>Name of local authority where you normally live</b>
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Please give your reasons for making this application
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When do you wish to move into Nightingale?
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<b>Next of kin</b>	<b>Relationship</b>
Address of next of kin	
.....	
..... Postcode .....	
Tel No.....Mobile.....	
Email: .....	

<b>Next of Kin</b>	<b>Relationship</b>
Address	
.....	
..... Postcode .....	
Tel No.....Mobile.....	
Email: .....	

<b>Next of Kin</b>	<b>Relationship</b>
Address ..... ..... Postcode .....	
Tel No.....Mobile.....	
Email: .....	
<b>Next of Kin</b>	<b>Relationship</b>
Address ..... ..... Postcode .....	
Tel No.....Mobile.....	
Email: .....	

## Financial circumstances

### Property

Are you	Owner <input type="checkbox"/>	Tenant <input type="checkbox"/>	If tenant, are you related to the owners? Yes <input type="checkbox"/>	No <input type="checkbox"/>
If YES, what is the relationship.....				

Are you resident in	Own home <input type="checkbox"/>	Care home <input type="checkbox"/>	Hospital <input type="checkbox"/>	Other <input type="checkbox"/>
If care home, please state weekly cost £				
If other, please state				

If you own a property, please state the value of the property	£	
Have you owned a property in the last 7 years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If YES, was the property sold to the new owner?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If No, was the property given to the new owner?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you related to the new owner?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

### Pensions/Benefits/Other income/Savings

Weekly income	£	p	Savings and income after tax			
			Total savings		Annual income	
			£	p	£	p
Retirement pension						
Employer's pension						
Restitution						
Attendance allowance						
<b>Total income</b>						
			Bank account			
			Building society			
			Other investments			
			<b>Total</b>			

### Conditions of entry

Admission is subject to a medical assessment and adherence to financial polices described in the attached documentation. The Home cannot undertake to accommodate any applicant in any specific section of the Home and reserves the right to transfer at their sole discretion a resident to any section of the Home.

I hereby declare that I understand and agree to the above conditions of entry and that the statements I have made are true

Signature of applicant/Power of Attorney	Date
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This application will not be accepted unless signed by the applicant or Power of Attorney.