

Application

Please indicate which type of apartment you are interested in:

Apartment of choice

Number of Rooms: One bedroom plus study
 Two bedroom
 Penthouse

Preferred Level: Ground/Garden Floor
 First Level
 Second Level (Penthouse)

General details

To be completed by each applicant

- Separate applications and support documents are required of all applicants, including husbands and wives.
- Please answer each question so as to enable full consideration of your application.

Please provide your personal details

Mr Mrs Miss

Surname:

First name: Second name:

Address: Post code:

Telephone: Marital status:

Date of birth: Nationality: Religion:

(Former) Occupation:

General state of health:

Signature: Date:

Application

Medical details

To be completed by each applicant

- Separate applications and support documents are required of all applicants, including husbands and wives.

Name of Applicant:

General state of health:

History: Please indicate if the applicant has a history of the following:

- CVA, TIA
- Diabetes
- Epilepsy
- Hypertension
- Coad
- Angina
- Thyroid disease
- Confusion
- Other

Current Medications:

Mobility: Does the applicant require assistance to mobilise: Yes No
Does the applicant use a walking aid: Yes No

Other Relevant Information:

Name and address of Medical Officer:

Name:

Address:

Phone:

Signature: