

ROMFORD BAPTIST CHURCH HOUSING ASSOCIATION LTD
(REGISTERED CHARITY)

Chairman:
01708 449149

Mr J. Stannard



Treasurer:
01708 743382

Mr R. Eborn



“Parkside”
65 Main Road
Romford
RM2 5EH

01708 743110

Acting Manager: Mrs M Elder
Administrator: Mrs G. Feinson

PRIVATE AND CONFIDENTIAL

APPLICATION FOR ADMISSION AS A RESIDENT

1. Personal Details

Surname:	→	
First Names:	→	
Date of Birth:	→	
Please state whether Single/Married/Widow/Widower	→	
Present Address:	→	
Telephone Number:	→	
National Insurance Number	→	
Present living arrangements: (eg own house, sheltered accommodation etc.) (washing, dressing etc.)	→	
Which Church do you attend? (if applicable)	→	

Please provide the Names and Addresses of Two Referees	→	1.Name and Address: Telephone number: Relationship: <hr/> 2.Name and Address: Telephone number: Relationship:
Who is your next of kin?	→	Name: Address: Telephone number:
Have you made a will?	→	
If YES where is it deposited?	→	
Name and address of Executor	→	
Have you made any funeral arrangements?	→	Yes/No
If Yes please give brief details:		
Burial /Cremation?	→	
Name and Telephone No. of Undertaker	→	
Any other specific wishes?	→	

2. Finance See Service User Guide for List of Current Fees.

3. Information Sharing I give my permission for medical and other information to be shared with my family as necessary.

Yes No

3. Health

Your Doctor:	→	Name:
	→	Address:
	→	Telephone number:
Can we contact your Doctor if necessary?	→	Yes/No
Do you suffer from any disability?	→	Yes/No
If YES please give details	→	
Do you suffer from any of the following conditions?	→	
Heart disease	→	Yes/No
Chronic bronchitis or other chest condition	→	Yes/No
Arthritis	→	Yes/No
Diabetes	→	Yes/No
Fainting Fits	→	Yes/No
Attacks of Giddiness	→	Yes/No
Epilepsy	→	Yes/No
Allergies	→	Yes/No
Are you receiving any regular medical or nursing treatment?	→	Yes/No
If YES to any of the above questions, please give brief details		
Do you require a special diet?	→	Yes/No
Have you any history of:		
Loss of memory	→	Yes/No
Confusion	→	Yes/No
Mental illness	→	Yes/No

I DECLARE THAT THE INFORMATION PROVIDED ABOVE IS CORRECT TO THE BEST OF MY BELIEF AND KNOWLEDGE.

Signed: Date: