



**JOHANNESBURG CORONATION FOUNDATION (NPO 000-726)
QUEENSHAVEN**

APPLICATION FORM

1. Surname
2. First Names
- 2.1 Known as
3. Present Address
- 3.1 Do you own the above property?
- Address during the past two years, if different to above
4. Present telephone number - landline
- mobile
5. Gender: Male Female
6. Date of Birth
- 6.1 Age at last birthday
7. Identity Number
8. Relationship Status: Married / Divorced / Widowed / Single / Living with partner
- 8.1 If either married or in a permanent, long term relationship, full names of spouse or partner
- 8.2 Date of birth of spouse or partner
- 8.3 Identity number of spouse or partner
9. If widowed or divorced, since when?
10. Home Language
- 10.1 Are you fluent in any other language?

11. Religion or Denomination
12. What was your last occupation?
13. How many children do you have?
- 13.1 Own children Adopted children
- 13.2 Number of sons How many are married
- 13.3 Number of daughters How many are married
14. Where do you reside at present? (Simply \checkmark the appropriate response).

- 14.1 Own accommodation
- 14.2 With one of your children.....
- 14.3 Alternate from child to child
- 14.4 With other relatives or friends
- 14.5 Other – please specify:

Yes	No

15. Supply name, address and telephone numbers of two of your next of kin who can be contacted at all times.

Name	Address	Telephone Home or Mobile Number
1.
	Work Number

Relationship:

E-mail address:

Name	Address	Telephone Home or Mobile Number
2.
	Work Number

Relationship:

E-mail address:

16. Your physical condition:

Yes	No

16.1 Can you move about easily (with an aid)?

If used, state the nature of such aid.

16.2 Do you require help when bathing?

16.3 Do you require help when eating, washing or dressing?

16.4 Do you spend much of the day in bed?

17. What is the state of your health?

17.1 Good on the whole

17.2 Variable

17.3 Somewhat poor generally

18. Do you have allergies in respect of –

18.1 Medication

18.2 Food

18.3 The environment

19. Do you suffer from any particular ailment or disability such as *diabetes* (v)

epilepsy (v) *vision impairment* (v) *hearing impairment* (v)

or any other ailment not mentioned here? If so please give particulars -

.....
.....

20. 20.1 If you are a hospital patient, which hospital do you attend?

.....

20.1 What is your hospital number?

.....

21. 21.1 If you are a private patient, which hospital do you prefer ?

.....

21.2 What is the name and telephone number of your Medical Practitioner?

.....

22. Do you have a Will? (v) Y (v) N If so, please submit the name and address of the place where it is held and the name and address of the Executor.

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23. Do you have a funeral policy? (v) Y (v) N If so, what is the policy number and the name and address of the Company you have the policy with.

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23 (i) Who is responsible for the funeral arrangements?

.....

What is your preference: BurialCremation.....

24. When would it suit you to move to Queenshaven or Hillcrest?

Immediately or as soon as possible

State months or years from today

.....

.....

25. Briefly give the most important reasons for wanting to move to a residential retirement and care facility.

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26. Financial Position -

26.1 Income:

	Pension No.	Which institution or person	Amount R
Old Age or Veteran's Pension			
Disability Pension			
Civil Pension			
Any other pension or provident fund			
Interest on investment (Proof from the institution where the investment is held must be attached)			
Rentals on fixed property			
Other sources (e.g. regular amount from a family member)			

Total Monthly Income

R (A)

26.2 <u>Expenditure:</u>	Amount R
Medical Aid	
Medication	
Motor Vehicle (fuel, service and insurance)	
Groceries	
Clothing Accounts / Expenditure	
Personal (Holiday savings, entertainment, gifts, etc).	
Other	

Total Expenses R (B)

(A) Less (B) R

27. DECLARATION

I, the undersigned, hereby voluntarily apply for admission to the abovementioned Home or Village. I have read, understood and accept the Admission Policy and Procedure and now confirm that;

- (a) The particulars furnished in this application form are, to the best of my knowledge and belief, true and correct.
- (b) Monthly fees for care services including accommodation, meals and levies will be paid in advance before the seventh of the month. Fees paid in advance will not be refunded in event of death or when a resident leaves the Home for whatever reason.
- (c) Any Agreement between myself and the Foundation shall be subject to the Older Persons' Act 13 of 2006 as amended including the Regulations regarding older persons as published from time to time and therefore the Provisions of the Rental Housing Act, Act 50 of 1999 as amended, will not apply, nor will the Provisions of the National Credit Act, Act 34 of 2005 be applicable.
Accordingly, the Foundation shall not be deemed to be a *Landlord* and I, the Resident, shall not be deemed a *Tenant*. As a consequence, fees paid by me (or my Surety) shall not qualify as *rent* or *rental*.
- (d) The Foundation has the exclusive right, to in their sole discretion, move or transfer me from one category of the care facility to another category of the care facility in order to promote healthy ageing and quality of life as stipulated in the Older Persons Act 13 of 2006 (Section 20(i)). Prior to such a move taking effect, the Foundation will give me one calendar months' notice in writing which state the reason for the decision to move me provided that circumstances allow for such notice. Any decision made by the Foundation in terms hereof, will be final and not subject to review and debate.

