



GREY SECTION IS FOR OFFICE USE ONLY		CRN:
Date admitted:		Date discharged:
Date completing the application:		
Date assessed by Aged Care Assessment Team:		
(Please attach a current copy of the 3020)		
Title: Mr. Mrs. Ms. Miss. Other:	Gender (Male or Female):	
Family or Last name:	Main language spoken:	
First name:	Other languages spoken:	
Preferred name:	Interpreter required (Yes or No):	
Date of birth:	Ethnicity:	
Current age:	Nationality:	
Contact phone number:	Religion:	
Other contact number:	Marital status:	
Home or last residential address: →		
Email address: →		

Name of contact person 1:	Name of contact person 2:
Relationship to the Applicant:	Relationship to the Applicant:
Home phone number:	Home phone number:
Work phone number:	Work phone number:
Mobile phone number:	Mobile phone number:
Residential address:	Residential address:
Postal address (if different to residential):	Postal address (if different to residential):



CASTELLORIZIAN AGED CARE SERVICES LIMITED
APPLICATION FOR ADMISSION
95 Todman Avenue (PO Box 318), Kensington NSW 2033
Phone: (02) 9313-7129 Fax: (02) 9663 2513

Is the applicant a current Pensioner (Yes or No):	Ambulance fund (Yes or No):
Pension number:	Medicare number:
Pension number expiry date:	Medicare number expiry date:
Private Health fund? (name)	Private Health membership number:

Name of Doctor:	Name of Specialist:
Patient since (year):	Speciality:
Contact phone number:	Contact phone number:
Postal address:	Postal address:

Would the regular Doctor visit Castellorizian Aged Care Services Limited? Yes or No

If no, another Doctor who attends our Facility needs to be nominated to oversee the resident's medical care

Please name who completed the application if not completed by the Applicant

Print name:
Sign:
Relationship to the Applicant:

Please indicate if you hold any of the following forms of authorisation on behalf of the Applicant and attach a copy

- Enduring Power of Attorney (Yes or No)
- Financial Management / Administration Order (Yes or No)
- Guardianship Order (Yes or No)
- Appointment of Enduring Guardian (Yes or No)

Please note

All information will be kept confidential and will not be disclosed to any unauthorised person without permission.

Cancellation of the application can occur at any time, by writing to or telephoning Castellorizian Aged Care Services Limited.

Castellorizian Aged Care Services Limited need to be informed of any changes in address or contact details and changes in circumstances.

If you need to discuss the application, please contact the Director of Nursing during business hours on (02) 9313-7129.