



# QUIRINDI RETIREMENT HOMES LIMITED

## Eloura

### Preliminary Application

(Sending this application puts you under no obligation to us)

	<b>Date</b>	<b>Authorised by</b>	<b>Position</b>	<b>Page</b> 1 of 1	<b>Form No</b>
First Issued	Pre 1/1/00	J Miles	CEO		<b>Amendment</b>
Amended	17/11/10	A Bernard	OM		
Board Policy References					4

	<b>Self-Care Units</b>		<b>Residential Aged Care</b>	
	<b>Gables</b>	<b>Villas</b>	<b>Low Care</b>	<b>High Care</b>
<b>Application for residence at:</b>				

<b>Date of Application</b>	<b>HOW SOON IS RESIDENCE REQUIRED?</b>		
	<b>Urgent</b>	<b>Soon</b>	

<b>Name of Proposed Resident</b>		<b>Date of Birth</b>
<b>Address</b>		
<b>Name of Person to Contact</b>		
<b>Address of Contact Person</b>		
<b>Contact Person Phone Number</b>	<b>Best Time for Contact</b>	
<b>Describe Reason for Application</b>		
<b>Has an assessment by ACAT been performed and what is the result?</b>		
<b>How did you come to know about these facilities?</b>		
<b>Signature of person completing this form</b>	<b>Date</b>	

*If you subsequently wish to withdraw this application, please let us know*

For further information, please contact Ann Bernard  
at Eloura on 6741 2222