

AVALON ASSOCIATION

APPLICATION FOR ADMISSION TO AVALON

1. SURNAME: _____

2. FIRST NAMES: _____

3. RESIDENTIAL ADDRESS: _____

_____ POSTAL CODE: _____

4. POSTAL ADDRESS: _____

_____ POSTAL CODE: _____

5. TELEPHONE: (WORK) _____

(HOME) _____ - _____

(CELL) _____

6. IDENTITY NUMBER: _____

7. DATE OF BIRTH: _____

8. SEX (M) _____ (F) _____

9. MARITAL STATUS: _____

10. RELIGION: _____

11. HOME LANGUAGE: _____

12. NEXT OF KIN: _____

• NAME: _____

• ADDRESS: _____

_____ POSTAL CODE: _____

• TELEPHONE : (h) () _____ (w) () _____

NEXT OF KIN: _____

• NAME: _____

• ADDRESS: _____

_____ POSTALCODE: _____

• TELEPHONE: (H) () _____ (W) () _____

13. EDUCATIONAL QUALIFICATIONS: _____

14. PREVIOUS OCCUPATION: _____

15. INTERESTS: (HOBBIES, STUDIES, WORK, PASTIMES ETC)

16. NAMES OF OTHER HOMES RESIDED AT OR ATTENDED:

17. PHYSICAL CONDITION: NATURE OF DISABILITY

KINDLY TICK WHETHER ASSISTANCE IS REQUIRED OR NOT:

FEEDING: YES: ____ NO: ____

BATHING: YES: ____ NO: ____

TOILET: YES: ____ NO: ____

DRESSING: YES: ____ NO: ____

MOBILITY: **AMBULANT:** YES: ____ NO: ____

USE OF WALKING AID: YES: ____ NO: ____

WHEELCHAIR: YES: ____ NO: ____

18. FINANCIAL POSITION: R _____
DISABILITY PENSION: MONTHLY INCOME: R _____
OTHER PENSIONS: DETAILS: _____ R _____
OTHER INCOME: R _____
TOTAL: R _____

19. FUNERAL POLICY

DO YOU HAVE A FUNERAL POLICY? YES: _____ NO: _____

NAME OF BURIAL SOCIETY: _____

DO YOU WISH CREMATION: _____ BURIAL: _____

NAME OF PERSON RESPONSIBLE FOR THE COST OF FUNERAL:

NAME: _____ TEL: () _____

20. WILL

DO YOU HAVE A WILL? YES: _____ NO: _____

WHERE IS IT LODGED? _____

WHO IS THE EXECUTOR? _____

21. DECLARATION:

I DECLARE THAT THE ABOVE INFORMATION IS, TO THE BEST OF MY KNOWLEDGE, CORRECT.

APPLICANTS SIGNATURE: _____

WITNESS: _____

DATE: _____

ANY VALUABLES BROUGHT INTO THE HOME ARE AT OWNER'S RISK

APPLICANTS SIGNATURE: _____

WITNESS: _____

DATE: _____

DECLARATION OF INCOME

A	INCOME			Monthly amount	
				Self	Spouse
	1. Type of pension	Reference number			
	1.1				
	1.2				
	2. Investments				
	Institution	Amount Invested	Interest rate		
	2.1				
	2.2				
	2.3				
	3. Other sources of income(specify)				
	3.1				
	3.2				
	4. No Income, indicate with X				
	TOTAL				
B	Assets disposed of and donations made the past 5 years				
	1. Asset sold	Date		Value/Amount	
	2. Assets donated				
	3. Cash donated				

DECLARATION: The applicant declares that the above information is true and correct and binding on his/her conscience.

SIGNATURE/MARK OF APPLICANT: _____

SIGNATURE OF COMMISSIONER OF OATHS: _____

DATE: _____

ASSESSMENT BY DEPARTMENTAL SCREENING OFFICES

INCOME: _____ INCOME GROUP: _____

NAME: _____ RANK: _____

INDEMNITY FORM

For Residents

- 1. I undertake to observe all the rules laid down by the Residents' Code of Conduct as signed by myself. I undertake to vacate occupation of the Centre should I be given notice, following the disciplinary procedure, as laid down in the Code of Conduct.
- 2. I acknowledge that I have been informed that there is no Medical Officer (Doctor) employed at Avalon. Treatment, as prescribed by my personal doctor, is administered by the Avalon Nursing Staff.
- 3. I, the undersigned, do hereby indemnify and hold blameless the Avalon Association, it's member and/or management and/or employees against any claim of whatever nature which might be made against it in the event of my suffering any damage or loss or injury of whatever nature on the Avalon premises, or whilst travelling on an Avalon vehicle or using the vehicle hoist, no matter how such damage or loss or injury occurred.
- 4. I acknowledge that all personal belongings brought to Avalon including but not limited to clothing, furniture, electrical appliances etc. are not covered by Avalon's insurance. It is my responsibility to insure all personal belongings in my private capacity.

SIGNED WITNESS

WITNESS

ON ADMISSION

I hereby acknowledge receipt of a copy of the Residents Code of Conduct.

DATE

SIGNED