

---

---

**APPLICATION TO JOIN WAITING LIST**

---

---

**Independent Living Units/Apartments**

(Please answer each question, all information is confidential)

PREFERENCE:            Unit                          Apartment      
Please tick.  
                                 2 bed                          (All apartments are 2 bedroom)  
                                 3 bed   

SURNAME: \_\_\_\_\_

GIVEN NAMES: Male \_\_\_\_\_

GIVEN NAMES: Female \_\_\_\_\_

ADDRESS:  
\_\_\_\_\_  
\_\_\_\_\_

PHONE NUMBER: (H) \_\_\_\_\_ (Mobile) \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

DATE OF BIRTH:        Male \_\_\_\_\_ Female \_\_\_\_\_

COUNTRY OF BIRTH: Male \_\_\_\_\_ Female \_\_\_\_\_

PLACE OF BIRTH:     Male \_\_\_\_\_ Female \_\_\_\_\_

STATUS:            Married         Single         Widowed         Divorced

**Please give particulars of your next of kin or alternate point of contact:**

1. NAME:  
\_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PHONE NUMBER:  
(H) \_\_\_\_\_ (W) \_\_\_\_\_ (M) \_\_\_\_\_

EMAIL ADDRESS:  
\_\_\_\_\_

Continued Over.

2. NAME (Alternate next of kin or point of contact):

\_\_\_\_\_  
ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
PHONE NUMBER:

(H) \_\_\_\_\_ (W) \_\_\_\_\_ (M) \_\_\_\_\_

EMAIL ADDRESS:

\_\_\_\_\_

PLEASE INDICATE WHEN YOU THINK YOU MIGHT BE READY TO MOVE INTO  
RETIREMENT/INDEPENDENT LIVING ACCOMMODATION:

Within the next 6 months:

Within the next year:

Within the next two years:

Not sure yet:

DO YOU CURRENTLY RECEIVE ANY HOME BASED SUPPORT SERVICES? (Community aged care, Shire home help, assistance with gardening etc.) PLEASE LIST BELOW:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ARE THERE ANY CIRCUMSTANCES WHICH FAIRVIEW SHOULD BE AWARE OF WHICH  
MAKE YOUR NEED FOR RETIREMENT/INDEPENDENT LIVING ACCOMMODATION URGENT?  
PLEASE LIST BELOW:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_