



Wirraminna care

RETIREMENT VILLAGE APPLICATION FORM

1. APPLICANT DETAILS

Name of Applicant:

Gender Male Female

Date of Birth/...../.....

Home address:

.....

.....Postcode.....

Phone: Mobile:

Email:

2. APPLYING FOR:

Licence to Occupy Unit or Cottage

Rental unit

Seeking occupancy from:

As soon as accommodation is available

3. PRESENT ACCOMMODATION

Own home

Rental

If your present accommodation is rented, please provide current Landlord's contact details below:

Name:

Contact No.:

Address:

.....Postcode.....

Date commenced current rental agreement:/...../.....

Please provide details of your previous landlord if applicable:

Name:

Contact No.:

Address:

.....Postcode.....

Dates rented:

From:/...../..... To:/...../.....

FOR RENTAL UNITS ONLY

4. DETAILS OF OCCUPANTS

Name of Applicant:

Gender Male Female Date of Birth

Name of Applicant:

Gender Male Female Date of Birth

Relationship:

5. REFERENCES

Referee 1. (do not include a relatives)

Name:

Contact No:

Contact address:

.....Postcode.....

Referee 2. (do not include a relative)

Name:

Contact No.:

Contact address:

.....Postcode.....

6. WOULD YOU BE INTERESTED IN ANY ADDITIONAL SERVICES?

- Pre-prepared meals
- Home Care Cleaning
- Home Care Laundry
- Home Care Personal Services

7. NOMINATED REPRESENTATIVE

If you would like Wirraminna Care to contact a representative on your behalf about this application, or nominate someone to receive correspondence please provide their details below.

If you are nominating a person who has the legal authority to make decisions for you, please advise the type of authority that they have, such as Power of Attorney, and attach a photocopy of the authority to this application.

8. DETAILS OF YOUR NOMINATED REPRESENTATIVE

Full Name:

Home address:
.....Postcode.....

Phone: Mobile

Email:

Relationship to you:

Type of authority (if applicable):

- Photocopy of authority attached

Thank you for expressing interest in Wirraminna Care's Retirement Village accommodation.

Completion of this application form does not guarantee a place at Wirraminna Care however it will ensure that you are kept up to date on accommodation opportunities as they become available.

If you would like further information or have any questions in relation to completing this application, please contact Administration on (08) 8524 6396.

Your completed application can be returned via:

FAX: (08) 8524 6052

MAIL: PO Box 446 (Memorial Drive)
Williamstown SA 5351

EMAIL: admin@wirraminna.com

Please keep my details on file and keep me up to date on accommodation opportunities at Wirraminna Care Retirement Village

Name of signatory:

Signature:

Date:/...../.....