



Peninsula Palms

Aged and Community Services

Telephone (07) 3897 2800
Facsimile (07) 3897 2777
ACN 094 769 347
ABN 68 094 769 347

Peninsula Palms
Residential Care Facility
PO Box 487 Redcliffe Q 4020
77 Morris Road Rothwell Q 4022

Application for Admission

Title: Date of Birth:

Surname: Marital Status:

Given Name(s): Gender:

Preferred Name: Religion:

Present Address:

..... Post Code: Telephone Number:

Are you in receipt of an age pension or any other pension? Yes / No

Type of pension: Full / Part Pension No.:

Are you an Australian ex-prisoner of war? Yes / No

Medicare No.: Line No.: Expiry:

Private Health Insurance-Name of Fund: Membership No.:

Pharmaceutical Safety Net No.:

Hearing Card? Yes / No Provider: Membership No.:

Incontinence Scheme? Yes / No Membership No.:

Diabetic Membership No.:

General Practitioner: Telephone Number:

Names, addresses, relationship and telephone numbers of 2 relatives or friends:

First Contact:

Name: Relationship:

Address: Post Code:

Telephone No.: Home () Work ()

Mobile: Email:

Does the first contact have any of the following? If Yes, please provide a certified copy of the documentation:

- | | |
|--|---|
| <input type="checkbox"/> Power of Attorney | <input type="checkbox"/> Enduring Power of Attorney |
| <input type="checkbox"/> Medical Power of Attorney | <input type="checkbox"/> Enduring Guardianship |
| <input type="checkbox"/> Executor of will/estate | <input type="checkbox"/> Trustee (Public) |

Second Contact:

Name: Relationship:

Address: Post Code:

Telephone No.: Home () Work ()

Mobile: Email:

Does the second contact have any of the following? If Yes, please provide a certified copy of the documentation:

- | | |
|--|---|
| <input type="checkbox"/> Power of Attorney | <input type="checkbox"/> Enduring Power of Attorney |
| <input type="checkbox"/> Medical Power of Attorney | <input type="checkbox"/> Enduring Guardianship |
| <input type="checkbox"/> Executor of will/estate | <input type="checkbox"/> Trustee (Public) |

Have you a Nominated Funeral Director? Yes / No

Name:

Address: Post Code:

Telephone:

Cremation

or

Burial

Have you made a will? Yes / No

Please provide the name and address of person/organisation holding the will:

Name:

Address: Post Code:

Telephone:

Signature of Applicant/Agent:

Date:

NOTE: If this form has been signed by other than the applicant, the following needs to be completed:

Name of Agent: Relationship to applicant:

All forms are to be returned to Peninsula Palms Aged and Community Services.