

Thorngate Living

Russell Churcher Court

Resident Application Form

Please answer all questions in full – all information will be treated in confidence.

Complete in black ball point ink and in block capitals – tick the appropriate boxes.

Your details

First name			
Middle name(s)			
Last/family name			
Date of birth		National Insurance No	
Address			
		Postcode	
Telephone		Email	

Your next of kin

First name			
Middle name(s)			
Last/family name			
Relationship		Email	
Address			
		Postcode	
Telephone		Work/mobile	

Your general practitioner / social worker

Name			
Address			
		Postcode	
Telephone		Funding Private <input type="checkbox"/>	Social Services <input type="checkbox"/>
Name			
Address			
		Postcode	
Telephone		Funding Private <input type="checkbox"/>	Social Services <input type="checkbox"/>

Your medical history

What recent conditions and illnesses are you living with, which have influenced your decision to seek residential care at Russell Churcher Court?

Details

[Redacted text area for medical history details]

Do you have any special needs? Yes No If yes, give details

[Redacted text area for special needs details]

Where did you hear about us?

Advertisement Marketing leaflet Online search engine Friend / family
GP / social worker Current resident Other

Signature of applicant

To the best of my knowledge and belief the statements made in this application are true and correct.

Signed _____ Date _____

We will use your personal information to decide whether to offer you accommodation and care. If successful in becoming a resident at Thorngate Churcher Trust we will use your personal information in order to deliver an efficient and effective service as a registered provider of housing and social care. We may share your personal information with Hampshire County Council, Gosport Borough Council, Adult Services, your GP and/or the NHS only if sharing your personal data complies with our data protection policy. We will not share your personal information, without your consent, with any other organisation except to help prevent fraud or if required to do so by law. You have the right to request a copy of the personal information we hold about you. If you would like a copy of some or all of this please contact us at: **(Clare House, Melrose Gardens, Gosport, Hampshire PO12 3BZ.)**

Please fill in your name and tick the following to authorise being kept on our waiting list and authorise us to keep in contact with you about other services we offer at Thorngate Churcher Trust

Name _____

Added to our waiting list

Yes please I would like to be contacted about services offered by Thorngate Churcher Trust by the following methods

Email Post Phone

FOR OFFICE USE ONLY

Received by office date	<input type="text"/>	Signed	<input type="text"/>
Acknowledgement date	<input type="text"/>	Signed	<input type="text"/>
Assessment date	<input type="text"/>	Signed	<input type="text"/>



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