



Hewlett Court Sheltered Accommodation



(Application Form for Permanency or Short Stay)

Please ensure the form is filled in to the best of your knowledge to avoid delay in application.

Name: _____ Age: _____ Date of Birth: _____

Address of applicant: _____

_____ Post Code: _____

Telephone No(s): _____ National Insurance No: _____

Do you have any health conditions? If yes, please specify _____

Are you currently being investigated for any medical conditions? If yes, please specify: _____

Have you been admitted to Hospital within the past 6 months? If so, what for? _____

Do you take any medications? (Please provide a copy of your prescription): _____

NHS Number (Can be found on prescription): _____

Do you self-administer your medication? **YES / NO**

If not, do you have a care package in place to assist you? **YES / NO** - Company _____

Do you agree to be temporarily registered with our local GP Surgery (if not from the Bury area): **YES / NO**

Applicant's Doctor, address and tel no: _____

Do you agree to a trial residence of one or two weeks? **YES / NO**

Name and address of person to be contacted in an emergency: _____

Tel No(s): _____

Email address: _____

Name and address of person to be contacted in an emergency: _____

Tel No(s): _____

Email address: _____

Dates requested to stay – From: ____/____/____ **To:** ____/____/____

***I acknowledge that Hewlett Court is registered as Sheltered Accommodation and supports independent living.**

Signature of applicant: _____ **Date:** _____



Additional Information

Please include any additional information to add to your application in the space below:

Freemasonry

Lodge Name: _____

Lodge Number: _____

Name of Freemason: _____

Relationship: _____

Lodge Certificate

Those eligible are East Lancashire Freemasons and their dependants.

This application is supported by: _____

Lodge No: _____

Almoner signature: _____

Tel No: _____

Date: _____