

Please complete all details & Submit along with a valid ACCR

Completed forms can be returned to us via any of the below methods	
Mailed To: Administration Assistant Carinya Of Bicton 220 Preston Point Road Bicton WA 6157	Email: admin.assist@carinyacare.com.au Fax: 08 9339 3595

Applicants Personal Information

Date of Application:	Date of ACCR:
Mr/Mrs/Ms/Miss:	Date of Birth:
Home Address:	Presently Residing:
Suburb:	
State:	Medicare Number:
Postcode:	

Person Responsible for Medical and Lifestyle Decisions

<input type="checkbox"/> Resident	<input type="checkbox"/> Enduring Power of Guardian (EPG)	<input type="checkbox"/> Guardian	<input type="checkbox"/> Next of Kin
Name:		Relationship:	
Postal Address:		Telephone Number:	
Suburb:		Mobile Number:	
State:		Email Address:	
Postcode:			

Person Responsible for Financial Decisions

<input type="checkbox"/> Resident	<input type="checkbox"/> Enduring Power of Attorney (EPA)	<input type="checkbox"/> Public Trustee	<input type="checkbox"/> Next of Kin
Name:		Relationship:	
Postal Address:		Telephone Number:	
Suburb:		Mobile Number:	
State:		Email Address:	
Postcode:			

Type of Accommodation Requested:

<input type="checkbox"/> Extra Services	<input type="checkbox"/> Secured Wing/Dementia Specific	<input type="checkbox"/> Single Room	<input type="checkbox"/> Shared Room
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Financial Details

<input type="checkbox"/> Full Pension	<input type="checkbox"/> Part Pension	<input type="checkbox"/> DVA Gold Card	<input type="checkbox"/> DVA White Card
Home Owner <input type="checkbox"/> Yes <input type="checkbox"/> No			

Please note: original documents for Enduring Power of Guardian &/or Enduring Power of Attorney are required to be produced at admission meeting with the Administration team. This meeting will only occur after a facility viewing and acceptance of a place