



Whiteley Village

A century of caring for the elderly

Application for a Cottage in Whiteley Village

This form should be filled in by the applicant(s) personally.

	First person:	Second person:
Surname:	<input type="text"/>	<input type="text"/>
Forename(s):	<input type="text"/>	<input type="text"/>
Marital status:	<input type="text"/>	<input type="text"/>
Age:	<input type="text"/>	<input type="text"/>
Date of birth:	<input type="text" value="mm/yyyy"/>	<input type="text"/>
NI number:	<input type="text"/>	<input type="text"/>
Birth registered at (town):	<input type="text"/>	<input type="text"/>
Maiden/other name(s):	<input type="text"/>	<input type="text"/>
Religion:	<input type="text"/>	<input type="text"/>
Occupation (current/past):	<input type="text"/>	<input type="text"/>
	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
	Start End	Start End
	<input type="text"/>	<input type="text"/>
	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
	Start End	Start End
	<input type="text"/>	<input type="text"/>
	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
	Start End	Start End
Have you ever been convicted of a criminal offence?	<input type="text" value="Yes/No delete as appropriate"/>	<input type="text" value="Yes/No delete as appropriate"/>
Address: (with postcode)	<input type="text"/>	<input type="text"/>
Telephone number:	<input type="text"/>	<input type="text"/>



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Accommodation

At your present address are you...?

Council tenant

Private tenant

Tied accommodation

Housing Association tenant

Staying with family

Owner/occupier

What type of property do you live in?

House

Ground floor flat

First floor flat

Bedsit

Bungalow

Sheltered housing

Other (please specify):

How long have you
been at this address?

General Information

First person:

Second person:

How did you find out about Whiteley Village?

Why would you like to live in Whiteley Village?

Do you have any special needs or problems
associated with your present circumstances?

Do you have any special interests or hobbies?

Have you ever done any voluntary work?

Have you ever visited Whiteley Village?



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General Information (Continued)

	First person:	Second person:
What is your state of health? If this is a joint application, please give details of both applicants. Please complete the attached medical report consent form and return it with this application form.	<input type="text"/>	<input type="text"/>
Do you have any particular disability?	<input type="text"/>	<input type="text"/>
Are you a British citizen? If not, do you have UK residency status?	<input type="text"/>	<input type="text"/>
How would you describe your ethnic origin?	<input type="text"/>	<input type="text"/>
Is there anything else you would like us to know?	<input type="text"/>	<input type="text"/>

Financial Status

Please give details of income to your household (eg. retirement pension, income support, occupational pension, attendance allowance, housing benefit, income from savings)

Income:	First person:	Second person:
(When retired) State pension (including graduated or other additions) (weekly):	<input type="text"/>	<input type="text"/>
Private pension (annual):	<input type="text"/>	<input type="text"/>
Income from savings (annual):	<input type="text"/>	<input type="text"/>
Benefits:		
Pension credit:	<input type="text"/>	<input type="text"/>
Housing benefit:	<input type="text"/>	<input type="text"/>
Council Tax benefit:	<input type="text"/>	<input type="text"/>
Attendance allowance:	<input type="text"/>	<input type="text"/>
Other:	<input type="text"/>	<input type="text"/>



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Financial Status (Continued)

	First Person:	Second Person:
Savings/Capital (amounts):		
Post Office savings:	<input type="text"/>	<input type="text"/>
Bank accounts (current):	<input type="text"/>	<input type="text"/>
Bank accounts (deposit):	<input type="text"/>	<input type="text"/>
National Savings certificates:	<input type="text"/>	<input type="text"/>
Premium Bonds:	<input type="text"/>	<input type="text"/>
Stocks and shares:	<input type="text"/>	<input type="text"/>
Other:	<input type="text"/>	<input type="text"/>
Do you own or have a share in any land or property in this country or abroad? (Please give details):	Yes/No delete as appropriate	Yes/No delete as appropriate
Have you sold any land or property in this country or abroad in the last 5 years? (Please give details):	Yes/No delete as appropriate	Yes/No delete as appropriate
Property value (incl present home):	<input type="text"/>	<input type="text"/>
Mortgage outstanding:	<input type="text"/>	<input type="text"/>
The Trust reserves the right to check the accuracy of this information; you may be asked to provide proof of income, savings and investments.		
Personal Details: (Confidential):		
Next of kin (name):	<input type="text"/>	<input type="text"/>
Relationship:	<input type="text"/>	<input type="text"/>
Address:	<input type="text"/>	<input type="text"/>
Telephone number:	<input type="text"/>	<input type="text"/>
Do you own a car?	Yes/No delete as appropriate	Yes/No delete as appropriate
If so please give registration number:	<input type="text"/>	<input type="text"/>



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Health Questionnaire

Have you had any significant illnesses or operations in the past? Particularly:

First person:

Second person:

Heart problems:

Yes/No delete as appropriate

Yes/No delete as appropriate

Angina:

Yes/No delete as appropriate

Yes/No delete as appropriate

High blood pressure:

Yes/No delete as appropriate

Yes/No delete as appropriate

Diabetes:

Yes/No delete as appropriate

Yes/No delete as appropriate

Stroke:

Yes/No delete as appropriate

Yes/No delete as appropriate

Asthma:

Yes/No delete as appropriate

Yes/No delete as appropriate

Chronic bronchitis:

Yes/No delete as appropriate

Yes/No delete as appropriate

Tuberculosis:

Yes/No delete as appropriate

Yes/No delete as appropriate

If yes to any of the above
and/or any additional illnesses,
please provide details:

Have you had any previous problems related
to alcohol/drug abuse?

Yes/No delete as appropriate

Yes/No delete as appropriate

Do you smoke?

Yes/No delete as appropriate

Yes/No delete as appropriate

If yes, how many a day?

How much do you drink on average per week?

What is your height?

What is your weight?

How far can you walk without difficulty?

Do you require any walking aids?

Yes/No delete as appropriate

Yes/No delete as appropriate



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Health Questionnaire (Continued)

Do you receive any help, ie with shopping, cleaning, personal care, medication or financial matters? (Please state which):

Yes/No delete as appropriate

Yes/No delete as appropriate

Are you taking medication?
Please give details:

Yes/No delete as appropriate

Yes/No delete as appropriate

Please attach a copy of your most recent repeat prescription.

Do you have any known allergies?
(Please give details):

Yes/No delete as appropriate

Yes/No delete as appropriate

Do you have any visual/hearing impairment? (Please give details):

Yes/No delete as appropriate

Yes/No delete as appropriate

When did you last visit your doctor?

It may be necessary to share this information with Social Services in order for your support and care needs to be assessed. The Trust doctor will also need to see your application details.

The Whiteley Homes Trust receives far more applications for accommodation than they can grant. The Board of Trustees find it a difficult task to decide on who will benefit most from being accepted into the Village, and some applicants will be disappointed to have their application turned down. The Board of Trustees reserve the right to give no explanations of any decision reached.

I/we hereby apply for a single/double cottage and I/we declare that to best of my/our knowledge and belief the answers I/we have given to the foregoing questions are accurate and true. I/we also agree to abide by the decision reached by the Board of Trustees on my/our application for a cottage. I/we also understand that the information provided may be shared, in confidence, with Social Services, and with the Trust Medical Officer.

Signature:

Date:

Please return the completed form to: The Warden, The Whiteley Homes Trust,
Whiteley Village, Walton-on-Thames, Surrey KT12 4EH

Please do not forget to fill in and return the GP Consent Form (one per applicant)



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Consent Form for Medical Information

Applicant's name:

Address:
(with postcode)

Applicant's GP:

In connection with my application for accommodation at Whiteley Village I authorise Dr _____ to complete a medical report from my records, and that this information be returned to the Medical Officer at The Whiteley Homes Trust for the purpose of assessing my suitability as a resident of Whiteley Village. I understand and agree that any fee incurred in the completion of this form is my responsibility.

Signature:

Date: