



Whiteley Village

A century of caring for the elderly

Application for 'Extra Care' Flat in Huntley House

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

First person:

Second person:

Surname:

Forename(s):

Marital status:

Age:

Date of birth:

NI number:

Birth registered at (town):

Maiden/other name(s):

Religion:

Occupation (current/past):

Start End

Start End

Start End

Start End

Start End

Start End

Have you ever been convicted of a criminal offence?

Address:
(with postcode)

Telephone number:



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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)

Savings/Capital (amounts):	First Person:	Second Person:
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

Significant Illnesses	First person:	Second person:
Heart problems:	<input type="text" value="Yes/No delete as appropriate"/>	<input type="text" value="Yes/No delete as appropriate"/>
Angina:	<input type="text" value="Yes/No delete as appropriate"/>	<input type="text" value="Yes/No delete as appropriate"/>
High blood pressure:	<input type="text" value="Yes/No delete as appropriate"/>	<input type="text" value="Yes/No delete as appropriate"/>
Diabetes:	<input type="text" value="Yes/No delete as appropriate"/>	<input type="text" value="Yes/No delete as appropriate"/>
Stroke:	<input type="text" value="Yes/No delete as appropriate"/>	<input type="text" value="Yes/No delete as appropriate"/>
Asthma:	<input type="text" value="Yes/No delete as appropriate"/>	<input type="text" value="Yes/No delete as appropriate"/>
Bronchitis:	<input type="text" value="Yes/No delete as appropriate"/>	<input type="text" value="Yes/No delete as appropriate"/>
Tuberculosis:	<input type="text" value="Yes/No delete as appropriate"/>	<input type="text" value="Yes/No delete as appropriate"/>
Depression:	<input type="text" value="Yes/No delete as appropriate"/>	<input type="text" value="Yes/No delete as appropriate"/>
Anxiety:	<input type="text" value="Yes/No delete as appropriate"/>	<input type="text" value="Yes/No delete as appropriate"/>
Memory impairment:	<input type="text" value="Yes/No delete as appropriate"/>	<input type="text" value="Yes/No delete as appropriate"/>
Other illnesses/operations: Include dates	<input type="text"/>	<input type="text"/>
Do you have any difficulty with mobility? Please give details:	<input type="text" value="Yes/No delete as appropriate"/>	<input type="text" value="Yes/No delete as appropriate"/>
Do you use any walking aids?	<input type="text"/>	<input type="text"/>
How far can you walk without assistance?	<input type="text"/>	<input type="text"/>
Do you have a hearing impairment?	<input type="text" value="Yes/No delete as appropriate"/>	<input type="text" value="Yes/No delete as appropriate"/>
Do you have a visual impairment?	<input type="text" value="Yes/No delete as appropriate"/>	<input type="text" value="Yes/No delete as appropriate"/>



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Health Questionnaire (Continued)

Have you had any 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?

Please give details of any known allergies:

What is your height?

What is your weight?

Do you receive regular assistance in your home to help you manage?

Yes/No delete as appropriate

Yes/No delete as appropriate

If yes, please give details:

(How often? Who helps you? etc)

Are you taking medication on prescription or over the counter? Please give details:

Yes/No delete as appropriate

Yes/No delete as appropriate

Name and address of GP:

When did you last see him/her?



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Health Questionnaire (Continued)

Please state how you think living at Huntley House would benefit you:

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 flat in Huntley House 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 and acknowledge that they reserve the right not to give any reasons for rejection of my/our application. 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: