Laudium Retirement Home
We strive to serve!!!

Non-Profit Organisation No. 012-017 NPO | PBO Registration No: 930004205

320 12th Avenue, Laudium, 0037

Tel: 083 609 1446 | Email: info@laudiumretirement.co.za

APPLICATION FOR ADMISSION

SECTION A: BIOGRAPHICAL DETAILS

FULL NAME	
DATE OF BIRTH	
ID NUMBER	
MARITAL STATUS	
PRESENT ADDRESS	
NAME AND NUMBER OF CONTACT PERSON	
HOME LANGUAGE	
RELIGION (OPTIONAL)	
NEXT OF KIN 1+ CONTACT DETAILS	
NEXT OF KIN 2 + CONTACT DETAILS	
NEXT OF KIN 3 + CONTACT DETAILS	
MEDICAL AID DETAILS (If App)	

SECTION B: MISCELLANEOUS

What are your dietary requirements? Please circle what applies: Vegetarian / Non-Vegetarian / Halaal/ Diabetic / Any other (please specify):
Do you need assistance with any of the following? (please circle all that applies): Bathing / feeding / dressing / undressing / walking / personal hygiene / Any other (please specify):

Have you suffered from any serious illness? Give details	
Do you have any mental health problems? If so, list them	
Do you suffer from any allergies: If so, what are you allergic to?:	
Name of Doctor or clinic you attend	
Hospital Card Number (if applicable):	
Are you taking any chronic medication? Name them. NB: A doctor's script must accompany this application.	
Reason for application:	
Hobbies & Interests	
Are you willing to abide by the rules of the Home?	
Do you agree to give one month's notice should you decide to leave?	
Will you have all your clothing items marked?	
Have you received the list of personal items you should bring with?	
Do you consent to being admitted in the Home?	
Do you / your family agree to pay your board by the 1st day of every month in advance?	
Do you agree not to smoke anywhere on the premises, except the demarcated area?	

I hereby declare that to the best of my knowledge the particulars furnished in this application form are true and correct. I undertake furthermore, if admitted to the LAUDIUM RETIREMENT HOME as a resident, to abide to the rules and regulations of the Home.

I also hereby indemnify and agree to hold harmless the Board of Management, the Residents Committee, The Management Committee, its staff on their authorized agents or representatives against any and all claims howsoever arising including negligence, but not gross negligence, arising out of any injury, death, loss, damage, cost or expense including legal costs, suffered as a result of or during my admission as a resident at Laudium Retirement Home.

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Signature of Applicant Date

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Signature of person assisting Applicant