APPLICATION FORM

tuia
lodge

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PRIVACY POLICY

In agreement with our vision we respect the individual worth and dignity of all residents and clients, and our organisation is committed to achieving the best practice in adhering to the Privacy Amendment (Enhancing Privacy Protection) Act 2012. As an Aged Care Provider we are in a special position of trust in providing personal, intimate, social and medical care to Residents in our facility. This trust and the right to privacy are regarded as a fundamental ethic in our organisation.

APPLICATION FORM FOR	RESPITE CARE ☐
	PERMANENT CARE ☐

1	Family Name		Preferred Name	
	First Name (s)			
	Gender	Male ☐ Female ☐ Other ☐	Marital Status	
	Date of Birth		Age	
	Address			
	State		Postcode	
	Phone Number		Mobile Number	
	Current location (eg. at home/hospital)			
	Have you been assessed by the Aged Care Assessment Team (ACAT) (You must be assessed before you can apply for Respite or Permanent Care; you are entitled to 63 days in a financial year). YES ☐ NO ☐			
	Do you identify as an Aboriginal or Torres Strait Islander?			

2	**The following information can be obtained from Section C of your Aged Care Application & Approval Form.**		
	From what date does the approval take effect		
	What type of care have you been approved for?	Residential care	HIGH ☐ LOW ☐
		Respite care	HIGH ☐ LOW ☐
	Have you been in respite care this financial year (July to June)?	How many days?	YES ☐ NO ☐
3	**At what facilities have you had respite this financial year?**		

MEDICARE AND PRIVATE HEALTH INSURANCE

Do you have a Department of Veterans' Affairs Gold Repatriation Health Care Card?			YES ☐ NO ☐
What is your Medicare number?		Expiry Date	
What is the number to the left of your name on your Medicare Card (eg. 1, 2)			
Do you have Private Health Insurance?		YES ☐ NO ☐	
Name of the Fund			
Membership No.		Level of cover	
Do you have ambulance cover?		YES ☐ NO ☐	
Name of the Fund		Membership No.	

PENSION DETAILS

Do you have a Pensioner Concession Care (PCC) from Centrelink or the Department of Veterans' Affairs? YES ☐ NO ☐ Do you receive a : Full Pension ☐ Part Pension ☐ Self-funded Retiree ☐			
Please clearly print your Centrelink or Department of Veterans' Affairs number EXACTLY as it appears on your Pensioner Concession Card.			
Card Number		Expiry Date	
Is the above person the one we should ring or write to about this application?			YES ☐ NO ☐
If NO, please write the contact person(s) Representative(s) details below			

CONTACT PERSON OR REPRESENTATIVE

Family Name		First Name (s)	
Postal Address			
State		Postcode	
Phone (day)		Phone (evening)	
Mobile		Relationship to person needing care	
Does this person have authority to make decisions for you? E.g. Guardian, Administrator or Enduring Power of Attorney		YES ☐ NO ☐	**PLEASE PROVIDE SUPPORTING DOCUMENTS**
If YES, specify			
SECOND CONTACT			
Family Name		First Name (s)	
Postal Address			
State		Postcode	
Phone (day)		Phone (evening)	
Mobile		Relationship to person needing care	

YOUR CURRENT GENERAL PRACTITIONER AND OTHER HEALTH PROFESSIONALS

Your General Practitioner

Name			
Current Address			
State		Postcode	
Phone Number		Fax Number	
Mobile Number		Phone (A/H)	

Other Health Professional(s) 1

Name			
Profession i.e. Physiotherapist			
Current Address			
State		Postcode	
Phone Number		Fax Number	
Mobile Number		Phone (A/H)	

Other Health Professional(s) 2

Name			
Profession i.e. Physiotherapist			
Current Address			
State		Postcode	
Phone Number		Fax Number	
Mobile Number		Phone (A/H)	

Other Health Professional(s) 3

Name			
Profession i.e. Physiotherapist			
Current Address			
State		Postcode	
Phone Number		Fax Number	
Mobile Number		Phone (A/H)	

Funeral Arrangements			
Please tick your preference if you have one: CREMATION ☐ BURIAL ☐			
Preferred Cemetery			
If you have made arrangements with a Funeral Home, please provide details			
Name			
Address			
State		Postcode	
Phone		Phone (A/H)	
Fax Number		Mobile Number	

Religious, Spiritual or Culture Requirements	
Are you religious? Yes ☐ No ☐	
Religion	
Do you have any religious requirements	Please Explain

Please return your completed application to:
Manager of Clinical Care
Tuia Lodge Residential Aged Care Facility
30 Allnutt Street
DONNYBROOK WA 6239

Enquiries to:
Manager of Clinical Care
Tuia Lodge
Phone: 9732 3500
Fax: 9732 3589
Email: tuialodge@donnybrook.wa.gov.au

Signature of applicant		
Date		Every application must include a copy of the ACAT.