



Expression of Interest Form

Details of person making enquiry / main contact person

Name _____ Relationship _____

Postal address _____

email _____ Phone: _____

Alternate contact person/ authorised representative

Name _____ Relationship: _____

Postal address _____

Email _____ Phone: _____

Details of Potential resident

Full Name _____ Date of Birth _____

Home Address _____

Currently at Home Hospital Other facility

Further details

POA Yes No Held By _____

Enduring Guardian Yes No Held by _____

ACAT Yes No Date completed _____

Approved for Residential Respite LC Respite HC

Approval Codes _____

Current GP _____ Flu Vax Yes No Date: _____

Covid Vax Yes No Date Dose 1 Date Dose 2 Brand: _____

Care type and accommodation

Respite <input type="checkbox"/>	Specific dates required Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes: Start date/...../.....	End date:/...../.....
Permanent <input type="checkbox"/>	When are you requiring care?	Now/ Urgent <input type="checkbox"/>	Within 1 month <input type="checkbox"/>
Within 3 months <input type="checkbox"/>	Non Urgent <input type="checkbox"/>	General Enquiry <input type="checkbox"/>	
Room preference for permanent care S= Standard D= Deluxe P= Premium	Single room with ensuite S <input type="checkbox"/> D <input type="checkbox"/> P <input type="checkbox"/>	Single room, ensuite and kitchenette D <input type="checkbox"/> P <input type="checkbox"/>	Shared/ 2 bed room with ensuite S <input type="checkbox"/>
<i>See Refundable Accommodation Deposits page in info. pack for more details</i>	Companion room: P <input type="checkbox"/>	Suite P <input type="checkbox"/>	Demetia Specific D <input type="checkbox"/>

