



## **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 $\square$		Hospi	ital $\square$	0	ther 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				Respite HC		
Approval Codes							
Current GP	Flu		Vax Yes □ No □ D		Date	e:	
Covid Vax	Yes  No Dat	te Do	se 1	Date Dose	2	Brand:	
Care type and accommodation							
Respite	Specific dates required  Yes  No		If yes: Start date			End date:	
Trespile —						11	
Permanent	When are you requiring care?		Now/ Urgent			Within 1 month□	
Within 3 months	Non Urgent □		General Enquiry				
Room preference for permanent care S= Standard D= Deluxe P= Premium	Single room with ensuite S □ D □ P□		Single room, ensuite and kitchenette D □ P□		e S	Shared/ 2 bed room with ensuite S	
See Refundable Accommodation Deposits page in info. pack for more details	Companion room: P		Suite P□			Demetia Specific D□	





## **Expression of Interest Form**

Has the person been in care previously Yes  No							
Respite  No.of weeks in current financial year:	Facility:						
Permanent  length of stay	Facility:						
Financial Considerations							
Have you lodged the Centrelink Assessment required for permanent care?							
No (please select reason below)  I have the form but not lodged  I need a copy of the assessment form  I am unsure what this is and will need more information							
General information about potential resident/circumstances							
Thank you for completing this form. A member of our Admission Team will contact							