

July 2023

Admission Form

This Admission Form is to be read in association with the terms set out in the booklet, "Resident Contract Terms", (together the "Contract").



Contract No:

White copy/Home Pink copy/Resident

The Company:

Company Registration Number:

Name of Care Home:

Name of Resident:

Preferred Name:

Current or Last Residential Address:

Date of Birth: ____/____/____

NI Number:

Placement Type:

- | | |
|--|---|
| <input type="checkbox"/> Residential | <input type="checkbox"/> Nursing |
| <input type="checkbox"/> Continuing Healthcare | <input type="checkbox"/> Lifestyle Choice |
| <input type="checkbox"/> Local Authority | <input type="checkbox"/> Third Party Top Up |

Type of Resident:

- ☐ Long Stay (permanent)
☐ Short Stay (temporary)

Short Stay (temporary) Resident - Complete this Section

Start Date: ____/____/____

End Date: ____/____/____

Number of Days/Nights:

Day Rate: £

Total Fee Due before Admission: £

(Number of nights x daily rate)

Note if a short term (temporary) resident's stay exceeds 28 days they will be classed as a long term (permanent) resident and the terms applicable to a long term (permanent) resident will automatically apply.

Long Stay (permanent) Resident - Complete this Section

Start Date: ____/____/____

Weekly Fee: £ per Week

This will automatically increase by 5.9% each 1st of April.

Advance payment, to be paid on or before Admission:

Deposit (refundable): £

(see Resident Contract Terms)

Initial Fee of: £

(days from commencement to start of direct debit), ____ days

Total Fee Due before Admission: £

Fees will be collected monthly in advance by direct debit thereafter, commencing 1st day of ____ month ____ year

Proof of Funding for 2 Years Provided?

- ☐ Yes
☐ No, but a Personal Guarantee Deed has been completed
☐ No, state number of months funds have been demonstrated

Note that in the event that the funding level supplied by a public sector commissioner is less than that required for the placement, the full fee remains payable. In the case of continuing healthcare funding, the supplementary fee is known as a "lifestyle contribution" and you agree to pay the "lifestyle contribution."

Chargeable items will be invoiced monthly and are payable on presentation of the invoice by the Resident /Guarantor/Third Party (delete as appropriate).

	Chargeable
Additional one to one care	
Chiropody	
Dental requirements (not within NHS provisions)	
Optical requirements (not within NHS provisions)	
Pharmaceutical	
Physiotherapy	
Hairdressing	
Newspapers	
Personal dry cleaning	
Staff escorts to hospitals	
Taxis and other transportation	
Other (to be specified)	

(Tick boxes where applicable)

Name of the person responsible for the fees stated below:

Relationship to Resident:

I confirm that I have received a copy of the Resident Contract Terms which forms part of this Contract and agree to the terms and conditions contained within this Contract.

I undertake to pay such sums properly due to the Care Home Provider on the due date and to observe such terms and conditions.

Where I am not the Resident I will use my reasonable endeavours to ensure that the Resident observes such terms and conditions.

Signature:

Capacity in which signing:

- | | |
|---|--|
| <input type="checkbox"/> Resident | <input type="checkbox"/> Next of Kin |
| <input type="checkbox"/> Power of Attorney | <input type="checkbox"/> Deputy / Guardian |
| <input type="checkbox"/> Legal Representative | <input type="checkbox"/> Third Party |

Full Name & Address:

Post Code:

Witness Signature:

Full Name & Address:

Post Code:

Date and Place of Signing:

Agreed on behalf of the Care Home Provider by:

Signature:

Position:

Witness Signature:

Full Name & Address:

Post Code:

Date and Place of Signing: