

**NEWARK CARE**  
**32 BURNFIELD ROAD, GLASGOW, G46 7PZ**  
**Telephone: 0141-621-2560**

**ALL QUESTIONS MUST  
BE ANSWERED**

**CONFIDENTIAL**  
Any information which is given on  
this form will be treated with  
complete confidence

**APPLICATION FOR ADMISSION**

**Full Name of Applicant:** \_\_\_\_\_ **Title: (Mr, Mrs, etc)** \_\_\_\_\_  
(BLOCK LETTERS)

**Known as:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Male/Female**      **Maiden Name:** \_\_\_\_\_

**Hebrew Name:** \_\_\_\_\_ **Bas/Ben:** \_\_\_\_\_

**Non-Jewish/Other Faith:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**Postcode:** \_\_\_\_\_ **Tel No.:** \_\_\_\_\_

**Present Address of Applicant (if different from above):**

\_\_\_\_\_  
\_\_\_\_\_

**Postcode:** \_\_\_\_\_ **Tel No.:** \_\_\_\_\_

**Married/Single/Widowed/Separated/Divorced - (Delete those inapplicable)**

**Town and Country of Birth:** \_\_\_\_\_ **How long resident in Scotland?:** \_\_\_\_\_

**Nationality (British/British Nationalised/Other):** \_\_\_\_\_

**Previous Occupation:** \_\_\_\_\_

**National Insurance Number:** \_\_\_\_\_

**Synagogue of which you are a member:** \_\_\_\_\_

**Burial Society of which you are a member:** \_\_\_\_\_

**Other relevant funeral arrangements:** \_\_\_\_\_

**Does the applicant have a Will?**    YES/NO    (It is strongly recommended that every Resident has a Will drawn up)

**Do you have Power of Attorney?**    YES/NO    If YES please provide a copy of the document

**Is the applicant a smoker?**    If so, how many per day?    \_\_\_\_\_

## **INFORMATION REGARDING APPLICANT'S SPOUSE AND APPLICANT'S PARENTS**

(Whether Alive or Deceased)

Spouse: Full Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

If widowed, when did spouse die? \_\_\_\_\_

Father: Full Name: \_\_\_\_\_

Hebrew Name: \_\_\_\_\_

Mother: Full Name: \_\_\_\_\_

Maiden Name: \_\_\_\_\_

## **PERSON TO WHOM ALL ENQUIRIES REGARDING THIS APPLICATION SHOULD BE MADE** **(e.g. NEXT OF KIN OR FRIEND OR SOCIAL WORKER)**

(Please advise if any of the people listed below are the Applicant's Power of Attorney or Guardian etc.)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Tel. No.: \_\_\_\_\_ Business Tel. No.: \_\_\_\_\_

Mobile Tel No.: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Relationship: \_\_\_\_\_ Email Address: \_\_\_\_\_

If person above is based outwith the Glasgow area, any other person to be contacted in an emergency:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Tel. No.: \_\_\_\_\_ Business Tel. No.: \_\_\_\_\_

Mobile Tel No.: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Relationship: \_\_\_\_\_ Email Address: \_\_\_\_\_

## **SOCIAL WORKER (if different from above)**

Name: \_\_\_\_\_

Office Address: \_\_\_\_\_

Work Tel. No.: \_\_\_\_\_ Mobile Tel. No.: \_\_\_\_\_

Fax Number: \_\_\_\_\_

## **APPLICANT'S CHILDREN**

NAME	ADDRESS	AGE	OCCUPATION	Present Allowance to Parent if any

**IT IS IMPORTANT THAT NEWARK CARE IS NOTIFIED OF ANY CHANGES TO THE ABOVE ADDRESSES**

Where the Applicant has no children, give the Name, Address, Relationship and Occupation of other relatives or close friends.

NAME	ADDRESS	RELATIONSHIP	OCCUPATION

**DETAILS OF GENERAL PRACTITIONER**

Name: \_\_\_\_\_

Surgery Address: \_\_\_\_\_  
 \_\_\_\_\_

Postcode: \_\_\_\_\_ Tel No.: \_\_\_\_\_

**IF THE APPLICANT IS PRESENTLY IN HOSPITAL**

Hospital and Ward No.: \_\_\_\_\_

Consultant's Name: \_\_\_\_\_

## **APPLICANT'S DECLARATION**

I declare that all the aforementioned statements are true. I understand that there are certain rules and procedures in place for the common good of Residents to protect them from harm or offence and for the Charity to uphold its standards and values. I will seek to uphold these. If admitted to either of the Westacres or Burnfield Homes, I promise to observe and abide by all the Rules and Regulations and the Constitution of the Home.

I understand that, should I be admitted, there will be a trial period of four weeks, allowing both parties to agree the suitability of entering into a permanent arrangement.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

WITNESSED BY (witness must not be a relative)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Postcode: \_\_\_\_\_ Occupation: \_\_\_\_\_

WITNESS SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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### **ADDITIONAL INFORMATION IN SUPPORT OF THIS APPLICATION**

(Please use the space below to give any further pertinent information.)