APPLICATION FOR SHORT TERM STAYS

☐ Caloundra ☐ Bribie Island ☐ Kallangur ☐ Sinnamon Park ☐ Waterford West ☐ Mango Hill

Dates Requested From: ______________________ To: ______________________

APPLICANT ONE

Full name (First, Middle, Last):		
Preferred Name:	Date of birth:	Gender:
Relationship status:	Email:	
Home Phone:	Mobile:	
Residential Address:		
Postal Address:		
Allergies:		
Medicare Number: Expiry Date: Reference No:	Pension Number: Expiry Date: Reference No:	
DVA File Number: DVA Type (please tick): ☐ Gold ☐ White ☐ Orange ☐ Other	Private Health Fund: Expiry: Fund customer Number:	
Enduring Power of Attorney (EPOA) (please tick) ☐ Yes (please provide copy) ☐ No	Advance Health Directive (Please tick) ☐ Yes (please provide copy) ☐ No	

EMERGENCY CONTACT 1

Full name (First, Middle, Last):	
Relationship to Applicant:	
Residential Address:	
Email:	Mobile:
Next of kin (please tick): ☐ Yes (please provide copy) ☐ No	EPOA (Please tick): ☐ Yes (please provide copy) ☐ No

EMERGENCY CONTACT 2

Full name (First, Middle, Last):	
Relationship to Applicant:	
Residential Address:	
Email:	Mobile:
Next of kin (please tick): ☐ Yes (please provide copy) ☐ No	EPOA (Please tick): ☐ Yes (please provide copy) ☐ No

EMERGENCY CONTACT 3

Full name (First, Middle, Last):	
Relationship to Applicant:	
Residential Address:	
Email:	Mobile:
Next of kin (please tick): ☐ Yes (please provide copy) ☐ No	EPOA (Please tick): ☐ Yes (please provide copy) ☐ No

DOCTOR'S DETAILS

Name:	
Clinic:	Phone:
Address:	Fax:
	Email:

SPECIALIST DETAILS

Name:	Name:
Type of specialist:	Type of specialist:
Address:	Address:
Phone:	Phone:
Fax:	Fax:

PHARMACY DETAILS:

Pharmacy name:	Phone
Address:	Fax:
	Email:

SERVICE PACKAGES:

Current ACAT Assessment ☐ Yes ☐ No	Home Care Package Approval ☐ Yes ☐ No
Home Care Package in place ☐ Yes ☐ No	ACAT Level ☐ 1 ☐ 2 ☐ 3 ☐ 4

FIRE EVACUATION REQUIREMENTS:

- [ ] Requires mobility assistance
- [ ] Oxygen
- [ ] Dementia

Mobility comments ______________________________

(eg. 2 person assist, wheelie walker, wheel chair)

____

Which hospital would you prefer to be taken to if required? ______________________________

Supporting Documents

Identification

You are required to meet a 100 point indentification criterion upon submission of your application. Seasons may photocopy any item and retain as part of your application. Please tick the identifiying documents you have provided with your application.

APPLICANT ONE

70 points

- [ ] Passport
- [ ] Full birth certificate
- [ ] Citizenship

40 points

- [ ] Australian driver's licence
- [ ] Proof of age card
- [ ] Department of Veterans Affairs card
- [ ] Centrelink card
- [ ] State/Federal Government Photo ID

25 points

- [ ] Medicare card
- [ ] Council rates notice
- [ ] Motor vehicle registration
- [ ] Telephone bill
- [ ] Electricty bill
- [ ] Gas bill
- [ ] Tenancy History Ledger
- [ ] Bank Statement
- [ ] Credit card statement
- [ ] Rent bond receipt
- [ ] Last FOUR rent receipts
- [ ] Previous tenancy agreement

I ACKNOWLEDGE THAT THIS APPLICATION IS SUBJECT TO THE APPROVAL OF SEASONS AGED CARE. I DECLARE THAT ALL INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT AND GIVEN OF MY OWN FREE WILL.

SIGN HERE

Applicant Sign: ______________________________ Date: ______/______/______

FOR OFFICE USE:

Care Assessment Conducted By: ______________________________ Date: ______/______/______

Care level Specified: Low Care / High Care

Application Approved By: ______________________________ Date: ______/______/______

Signature

____

Name

Personal Information Privacy Statement

The Seasons Group is collecting the information in this Application to help determine the best options for you. To enable Seasons to provide you with coordinated service delivery, you are giving your consent that the information in this Application may be used by relevant areas of the Seasons Group to facilitate assistance. This includes the provision of associated services required to support and assess your application including care planning and assessment. Under the *Privacy Amendment (Private Sector) Act* 2000 information which can identify you is known as personal information. Besides personal information, some specific information about you which may include your cultural background, religious belief or affiliation or health information is known as sensitive information. We will collect sensitive information about you, with your consent so that your needs are properly understood and responded to. The Seasons Group also uses this information for:

- assessing what services you require and whether we can provide those services
- evaluating ongoing services we may provide to you
- assessing your Short Term Care application
- approved research and analysis
- funding applications and statistical reporting to comply with service agreements

You can check the information we hold about you by contacting the Seasons Information Centre who will then help arrange access within at least five (5) working days. The information will generally be made available by allowing you the opportunity to read the details we hold at Seasons Group with Seasons staff present if appropriate. If you find any inaccuracies in the information, please let us know.

Your personal information is not disclosed to third parties without your written consent or unless required by law. We may use the information for internal reviews and analysis and may also use it to produce certain statistics about our services. However, we will not disclose your individual information, nor sell, trade or rent that information for any purpose. If we need to disclose any information to conform with any laws or legal process we will inform you what information has been disclosed and to whom (unless informing you is precluded by legislation), so that you can take any necessary action.

Seasons may, with your consent, disclose your information to other organisations who may be able to provide additional assistance to you. You will be under no obligation to utilise the services referred to you.

By giving your personal information and sensitive information you are consenting to our use of this information in accordance with the principles outlined in the Seasons Confidentiality and Privacy Policy. If at any time we change the Confidentiality and Privacy Policy, we will post those changes on our website so that you are kept fully informed. You may also request a copy of our Confidentiality and Privacy Policy by contacting our information call centre on 1300 732 766.

If this Application requires you to include information about other members of your household, you must seek their consent, or the consent of their guardian, to their information being disclosed as described above. Your information provided on this form will be stored, used and disclosed in accordance with the requirements of the *Privacy Act* 1988. You may have access to any information you have provided to ensure that it is accurate, and to allow you to correct if necessary.

Declaration by Applicant

I understand:

- the instructions given on this form and note the Personal Information and Privacy Statement;
- this form will be used by The Seasons Group to register my application;
- that my personal information may be given to other providers to assist me.

Signed: ______________________________ Date: ________/________/________

(Applicant One)