

APPLICATION FOR ADMISSION TO ALEXANDRA PARK / RENISHAW RETIREMENT VILLAGE

Please note that this form must be printed out first, filled in and then faxed back to us on 039 - 976 1732

TITLE & FULL NAMES: \_\_\_\_\_

IDENTITY NO.: 

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MARITAL STATUS: \_\_\_\_\_

FULL NAME OF SPOUSE: \_\_\_\_\_

NAME OF NEXT OF KIN: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_ TEL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PERSON TO BE CONTACTED IN AN EMERGENCY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TEL: \_\_\_\_\_

PENSION FUND NAME & No.: \_\_\_\_\_

MEDICAL PRACTITIONER: \_\_\_\_\_ TEL: \_\_\_\_\_

PHARMACY: \_\_\_\_\_ TEL: \_\_\_\_\_

MEDICAL FUND: \_\_\_\_\_ NO.: \_\_\_\_\_

LANGUAGE PREFERENCE: \_\_\_\_\_ DENOMINATION: \_\_\_\_\_

WHO DEALS WITH YOUR FINANCIAL AFFAIRS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TEL: \_\_\_\_\_

Who will deal with your financial affairs in the event of you no longer being able to do so ?

NAME: \_\_\_\_\_ TEL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

WHERE IS YOUR WILL LODGED: \_\_\_\_\_

NAME OF EXECUTOR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TEL: \_\_\_\_\_

FUNERAL POLICY No.: \_\_\_\_\_ FIRM: \_\_\_\_\_ VALUE R \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TEL: \_\_\_\_\_

WHICH FUNERAL PARLOUR IS TO BE CONTACTED: \_\_\_\_\_

Have you, or to your knowledge, your spouse, any sexual partner, ever been tested for or received, or do you expect to receive medical advise, personal counseling or treatment in connection with HIV, AIDS, an AIDS – related condition, any infection by one of the AIDS viruses or any sexually transmitted disease, including Hepatitis B? YES / NO

If the answer is YES then please provide the name, full details of all the HIV tests taken and the circumstances under which the tests were required, full details of complaints, symptoms, treatment, personal counseling and circumstances in which advise was sought and disclose the results of all previous HIV tests, including those that were negative, in order to avoid your admission being declined. YES / NO.

If YES attach details.

DATE YOU WISH TO BE ADMITTED ? (Within Six Months) \_\_\_\_\_

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

\_\_\_\_\_  
Date: