

# Highlands

*Where your family is part of ours*

## Application to live at Highlands

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### Personal Details

Title

Forename(s)

Surname

Current Address

Home phone No.

Mobile phone No.

Email address

Date of birth

National Insurance No.

NHS No.

### Next Of Kin Details

Name

Relationship

Contact Number

Email address

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### How self-sufficient are you at home?

Please indicate on a scale of 1-10 with 1 being independent and 10 needing it done for you?

Personal Care

Household Tasks

Preparing Meals

Is there anything else that you want us to know about living in your present home?

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### Support and help

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Do you receive any help in your current home, such as Home Help, Meals on Wheels, visiting carers, or other?

Yes  No

*If yes, please give details below.*

Do you receive any personal care, such as helping you to wash or dress?

Yes  No

*If yes, please give details below.*

Do you need help at night ?

Yes  No

Do you need to attend regular medical appointments?

Yes  No

if so is there anyone who can transport you?

Yes  No

Is there anything else that you want us to know about the support that you might need?

*Please give details below.*



## Medical information

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Name and address of your doctor

Are you currently receiving treatment from any medical practitioner, such as consultant, district nurse, specialist clinic  
*If yes, please give details below.*

Yes  No

Are you on any regular medication?  
*If yes, please give details below.*

Yes  No

Do you have any allergies??  
*If yes, please give details below.*

Yes  No

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### Social contact

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Do you have regular social contact with family, friends or neighbours?

Yes  No

Do they help you with anything?

*If yes, please describe what they help you with below.*

Yes  No

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### How did you hear of Highlands ?

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Please let us know how you found out about us ie. social media, advertisement, directory, recommendation etc.

*Please give details below.*

### Declaration and signature

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I have read and understood the above and declare that the information that I have supplied is correct.

I authorise my doctor to provide requested information about my health to Highlands.

Signature

Date

Highlands Care Home is owned and managed by the Abbeyfield Deben Extra Care Society Limited, which is an independent member of the Abbeyfield Society.

Our registered office is Highlands, Fitzgerald Road, Woodbridge, IP12 1EN.

We are a Registered Society under the Co-operative and Community Benefit Societies Act, 2014, and registered with the Regulator of Social Housing.

Our registration number is: H3148.

[highlands-care.org](http://highlands-care.org)