



**APPLICATION FOR RESIDENCE AT LEONARD PULHAM NURSING HOME**

**1. PROSPECTIVE RESIDENT**

Surname ..... Forenames ..... Mr./Mrs./Miss

Date and Place of Birth ..... Religion.....

Present Address .....  
.....

National Insurance No.\* .....

(\*This information is required by the TV Licensing Authority)

**2. SPONSOR (RELATIVE OR FRIEND)**

Surname ..... Forename ..... Mr./Mrs./Miss

Address .....  
.....  
.....

Tel No(s). ..... (Home) ..... (Work)

E Mail .....

Please indicate if you would prefer to receive communications via e mail  or by post

Please indicate if any of the following Forms of Authority are held for the prospective resident:

Lasting Power of Attorney (Property and Affairs)  Lasting Power of Attorney (Personal Welfare)

Enduring Power of Attorney  Power of Attorney

Guardianship  None of These

If any Form of Authority held, please indicate the name of the holder:

.....

Tring Road  
Halton, Aylesbury  
Buckinghamshire  
HP22 5PN

Tel. 01296 625188  
Fax. 01296 622793





3. GENERAL MEDICAL, PHYSICAL AND MENTAL ASSESSMENT

.....  
.....

4. NAME AND TELEPHONE NO. OF PROSPECTIVE RESIDENT'S G.P.

.....  
.....

5. FINANCIAL ASSESSMENT (Please delete either A or B below):

A. I confirm that the prospective resident has sufficient capital and income personally to finance the fees at Leonard Pulham Nursing Home, including likely annual increases. The approximate value of the prospective resident's assets and his/her annual income are as follows:-

**ASSETS**

A house which could be sold - estimated value after deducting any mortgage      £ .....

Bank and other deposits      £ .....

Shares, unit trusts and other investments      £ .....

Other assets (please specify) .....

.....

**ANNUAL INCOME (BEFORE TAX)**

Pensions, including State Pensions      £ .....

Income from deposits and investments      £ .....

Annuities and other insurance entitlements      £ .....

Other income, including Attendance Allowance etc., (please specify) £ .....

B. I confirm that the prospective resident has applied for and been accepted for funding by..... (please give the name of the local authority/health authority) and the difference between this funding and the fees at Leonard Pulham Nursing home will be met by ..... (please give the name of the charity, family member or other person who is prepared to top up the fees).

**Please note that the Sponsor is personally responsible at all times for the payment of our fees.**

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C. **Name and Address for Invoicing** .....

.....  
.....  
.....

D. **We have a special relationship with both the R.A.F. and the Masons and would like to know if the prospective resident has any connection with either of these organisations. If the answer is Yes, please give details:**

.....  
.....  
.....

**N.B. Please note that if a prospective resident is not in a position to fund themselves, the sponsor must ensure that the difference between the Income Support/Local Authority funding and our fees is met by the resident or by other means organised by the sponsor. We are not in a position to accept anyone if this is not the case. If the prospective resident is in need of financial assistance, please apply to the relevant Social Services Department well before a room is actually required, so that the resident can be accepted by ourselves as soon as a room becomes vacant. If you feel that your relative may be eligible for Attendance Allowance, please telephone the Benefits Enquiry Line on 0800 882200 or visit the following website [www.direct.gov.uk/en/DisabledPeople/FinancialSupport/DG\\_10012425](http://www.direct.gov.uk/en/DisabledPeople/FinancialSupport/DG_10012425)**

Sponsor's Signature .....

Date .....

Name in Block Capitals .....

September 2011

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Buckinghamshire  
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