



APPLICATION FOR ADMISSION TO A LEGION CARE HOME

All details should be accurate and written clearly in BLOCK CAPITALS.

<p><i>Applicant is person seeking admission.</i></p>	1 THE APPLICANT			
	Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms Other (please specify):		
	Surname			
	Forename(s)			
	Date of birth		Age	
	NHS number			
	National Insurance number			
	Full postal address			
	Telephone number (incl. STD code)			
	Mobile telephone number			
Email address				

<p><i>Please ensure surname is that held at time of enlistment.</i></p> <p>Office Use Only Have Service particulars been verified? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Method:</p> <p><i>If Service particulars do not apply to applicant, please state relationship to applicant:</i></p>	1 ELIGIBILITY			
	Surname			
	Forename(s)			
	Date of birth		Age	
	Service	<input type="checkbox"/> RN <input type="checkbox"/> Army <input type="checkbox"/> RAF Other (please specify):		
	Service number			
	Corps / regiment			
	Date of enlistment			
	Date of discharge			
	Documentary evidence			
Relationship to applicant (if applicable)				

3 NEXT OF KIN (NOK)	
Surname	
Forename(s)	
Relationship	
Full postal address	
Telephone number (incl STD code)	
Mobile telephone no	
Email address	
Is next-of-kin the first point of contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No (if 'No' see section 5)

4 POWERS OF ATTORNEY (POA)			
Is any person(s) appointed as PoA to represent and make decisions on behalf of the applicant?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Attorney 1	Attorney 2	
Surname			
Forename(s)			
Relationship to applicant			
Full postal address			
Telephone number (incl STD code)			
Mobile telephone number			
Email address			
<i>Type of legal Powers held by the named attorney</i>	Enduring Property and Affairs (EPA)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Lasting Property and Financial Affairs (LPA)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Lasting Health and Welfare (LPA)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Is EPA/LPA Certificate(s) registered with Office of Public Guardian?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Date of registration	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Office Use Only	OPG registration confirmed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Copy of Certificate(s) taken?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Date Certificate(s) copied?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

5 OTHER POINT OF CONTACT		
	Contact 1	Contact 2
Surname		
Forename(s)		
Full postal address		
Telephone number (incl STD code)		
Mobile telephone number		
Email address		
Relationship to applicant		
Is this person first point of contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

6 FINANCIAL MANAGEMENT	
Please identify the person responsible for managing finances and financial affairs by ticking the responsible person(s). If someone else not already listed on this application form is responsible please add their name and contact details.	<input type="checkbox"/> Applicant <input type="checkbox"/> Next of Kin <input type="checkbox"/> Power of Attorney 1 <input type="checkbox"/> Power of Attorney 2 <input type="checkbox"/> Other Contact 1 <input type="checkbox"/> Other Contact 2 <input type="checkbox"/> Other person (please add contact details below)
Name	
Address	
Telephone number (incl STD code)	
Mobile telephone number	
Email	
Relationship to Applicant	

7 GENERAL PRACTITIONER	
Name	Dr
Full postal address	
Telephone number (incl STD code)	
Email	

Please select your preferred Legion Care Home	8 CHOICE OF HOME			
	Preferred home	<input type="checkbox"/> Dunkirk Memorial House	<input type="checkbox"/> Galanos House	<input type="checkbox"/> Halsey House
	<input type="checkbox"/> Lister House	<input type="checkbox"/> Maurice House		

Please indicate both the type and category of care you require. Please also indicate whether your enquiry is of an urgent or non-urgent nature.	9A TYPE OF CARE	
	<input type="checkbox"/> Permanent <input type="checkbox"/> Respite <input type="checkbox"/> Day care	
	9B CATEGORY OF CARE	
<input type="checkbox"/> Nursing care <input type="checkbox"/> Residential / Personal care <input type="checkbox"/> Dementia / Personal care		
9C URGENCY OF ENQUIRY		
<input type="checkbox"/> Urgent <input type="checkbox"/> Non-urgent		

Office Use Only Weekly fee quoted to applicant: Date of panel agreement:	10 PAYMENT	
	Source of funds	<input type="checkbox"/> Self-funding <input type="checkbox"/> Local Authority <input type="checkbox"/> NHS Cont Healthcare <input type="checkbox"/> Other (please specify): _____
	Name of local authority (LA) or NHS Clinical Commissioning Group (CCG)	
	Address of LA or CCG	
	LA/NHS care manager name (if known)	
	Telephone number (incl STD code)	
	Email	

Office Use Only Has verification been provided? <input type="checkbox"/> Yes <input type="checkbox"/> No List Verification: Copies taken <input type="checkbox"/> Yes <input type="checkbox"/> No	11 FINANCIAL ASSESSMENT	
	<i>Information about finances and property relates to the applicant only. The information you provide us about your finances, savings and property will help us to identify your current or future eligibility for Local Authority funding. If you are currently self funding we need to be sure that you can continue to fund your care for a minimum of two years to cover potential delays associated with any statutory financial assessments you may require in the future.</i>	
	<i>Please provide us with verification of your current income (attach separately).</i>	
	Monthly income (salary, pension, benefits)	
	Other Income (eg investments)	
	Current Account balance	
Other savings/investments total balance		

Please give details of property you own or rent.	12 PROPERTY	
	Do you live in a rental property?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you	<input type="checkbox"/> A home owner with no mortgage? <input type="checkbox"/> A home owner with mortgage? <input type="checkbox"/> A home owner and in an equity release scheme? <input type="checkbox"/> A home owner in receipt of rental income from the property?	

Do you share ownership of your home eg with spouse or other family member?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you own other property in UK or abroad?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Approximate total value of all property owned	£

13 DATA PROTECTION AND CONSENT

In signing this form you are confirming that the information recorded in it is correct to the best of your knowledge.

This application form contains essential personal information about you and persons who support you that will be processed by The Legion to manage your application for admission to our care homes or to access day care services. We will treat your information with care, and uphold our duty to manage your data confidentially and securely. We will share your personal information only with those who need to know as part of our enquiry and admission management procedures. This may include your GP and other health and social care professionals or support services who may currently be involved in meeting health or care needs; NHS or Local Authority who may be funding or providing care or support; Ministry of Defence agencies to confirm your Service history; and your nominated representatives if applicable. If you do not want us to use and share your personal information in this way you have the right to say no; however this means that we may be unable to progress your application. For more information please visit <https://www.britishlegion.org.uk/privacy>

If the care home of your choice does not currently have a vacancy or you are not yet ready to proceed with admission, your application will be placed on our waiting list. We will contact you from time to time to advise you about the progress of your application, or to just ask you if you want your details to remain on our database for future contact. If you do not want us to contact you please advise us and we will remove your personal information from the waiting list.

Please be advised that we can only hold on to your application form and keep you on the waiting list for a maximum period of two years. At the end of two years we will contact you to tell you that we will securely archive your application for a short time after which your personal information will be permanently and securely deleted. You may submit a new application for admission at any time thereafter.

Please tick the relevant statements to consent to us using and sharing your personal data in order to manage your application

NB: If the applicant does not have capacity to consent and you are signing on applicant's behalf, please tick this box and complete personal details below

You can use my personal information to progress my application for Legion care home services

Yes No

You can share my personal information to progress my application for Legion care home services

Yes No

You can contact me from time to time to review my application

Yes No

Applicant name (in block letters)

Signature (if able)

Date

Representative name (in block letters)

Relationship to applicant

Signature

Date

Legion caseworker name (in block letters)

Signature

Date

Please update with details to remain current. If not applicable, please state 'N/A'

FOR OFFICE USE ONLY

Date application received

Source of referral

- Self referral
 Relative
 Caseworker
 Other (please specify):

Application

- Accepted Not accepted

State why application not accepted

Type of admission

- Urgent Non urgent

Waiting list review date

Date due
Date completed

Category

- Nursing Residential Personal Care
 Dementia Care

Weekly fee

£

Source of funding

- Self funding Local Authority
 CCG NHS CHC

LA contribution

£

Date confirmed

FNC contribution

£

Date confirmed

Resident contribution

£

Date confirmed

Top up amount

£

Top up source

Date of pre-admission assessment

Date confirmation admission letter sent

Date terms and conditions sent

Date terms and conditions returned

Date commissioner contract received

Date of admission

Room no

Notes / additional information

Please use this section for any additional information relevant to the application.