



City Road NORWICH NR1 3AP

Residential Care Home Telephone: 01603 620119 Fax: 01603 665095 Email: care@cortonhouse.co.uk
 Website: www.cortonhouse.co.uk Brakendon Close Independent Living Telephone: 01603 622957

APPLICATION FORM FOR RESIDENTIAL ACCOMMODATION AT CORTON HOUSE

NOTES:

- Please fill in this form and return it to the Applications Coordinator at the above address
- Everything that you write will be treated as confidential
- Please complete both part A and B of this form if you feel ready to be considered
- If your application is an ‘expression of interest’ please complete part A only.
- Please note that you will be asked to resubmit an application form if you are on our waiting list for more than 5 years

PART A

FULL NAME	
Title: Mr / Mrs / M/S	
Current Address	Telephone No: Mobile No: E-mail
Date of Birth:	Age:
Next of Kin: Name: Address:	Telephone: Mobile: E-mail:
From where or from whom did you hear about Corton House?	

Signature of Applicant.....

Please print name.....

Date.....



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PART B

Please give your reason(s) for applying for residential care

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Is there any medical condition that you would like to advise us about that may affect your application?

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Your Doctor's details:

Name.....

Address.....

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Telephone No.....

Please give brief details if you are currently being treated by your doctor.....

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Please complete the enclosed authority duly signed and witnessed to enable us to receive your medical details from your Doctor (This should be taken to your surgery on completion).

Do you use a stick Y/N a frame Y/N a wheelchair Y/N



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Finance

Please state your monthly income from all sources £.....

Do you have any professional advisors (eg solicitors, accountants etc)?

If yes please give names and addresses

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If you have given a Power of Attorney to anyone, please attach a copy for our information.

Equal Opportunities

This Association operates a non-discriminatory selection policy This said your application does not mean automatic acceptance as this cannot be determined until the interview stage of your application or receipt of information from other disciplinary bodies.

Referees (names and addresses of two people who know you well)

Name.....
Address.....

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Name.....
Address.....

Please indicate whether your need for accommodation is urgent. Yes/No. If yes please inform us of the reason why.

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Res/applic/2018