

Residential Care Application Form

Name of the Person requiring care:..... Age.....

The persons Present Location:.....

Name of person making the enquiry:..... Date of Enquiry.....

Your relationship to the person needing care:.....

Reason for Admission.....

Next of Kin.....Relationship.....

Telephone.....email.....

Type of Care Required (Please underline)

Residential Care Dementia Care

Permanent or Respite (please state length of stay required).....

Day Care (please state preferred days)

Funding Source (Please underline)

Private or Social care (NB: a 3rd party top up will be required) / Unknown

When is the care required.....

Name of Social Worker(if known).....

Telephone.....

If you need to contact Social Services to make a referral, Telephone 0344 800 8020

Privacy Notice By completing this application form, you are authorising Eckling Grange to hold your data in line with our Data Protection Policy. At no point do we pass on your information to any other third party without the appropriate authority to do so.

Please could you tell us a little about the person requiring care on the second page and return this to:
The Care Manager, Eckling Grange Ltd, Norwich Road, Dereham, Norfolk NR20 3BB

Address

The Manager
Eckling Grange Care
Norwich Road
Dereham
Norfolk
NR20 3BB

Contacts

t 01362 692520
f 01362 690278
e enquiries@ecklinggrange.org.uk
w ecklinggrange.org.uk



ECKLING GRANGE

C A R E

Brief History/ Medical Needs (such as Diabetes, heart problems etc)

Mobility (eg: can they walk unaided, use a frame/stick, need a wheel chair etc)

Hygiene (eg: can they wash themselves, need assistance etc).....

Toileting needs.....

Any special dietary requirements

Medication.....

How well do they sleep.....

Are there any particular behaviour issues we should be aware of.....

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