

KOOWEERUP REGIONAL HEALTH SERVICE

Expression of Interest

Killara Hostel

P.O. Box 53, Kooweerup Vic 3981 Telephone: 59 979 679 Facsimile: 59 971 248

A. PERSONAL			
Full Name:		Preferred First Name:	
Address:			
			Postcode
Telephone Number:			
Place of Birth:			
Religion:		Marital Status:	
Date of Birth:		Medicare Number:	
Pension Number:		Veteran Affairs Number:	
Ambulance Subscriber:	YES/NO	Ambulance Subscriber No.:	
B. CONTACT			
<i>Details of Main Contact</i>			
Name:			
Address:			
			Postcode:
Relationship:			
AH Telephone No:		BH Telephone No:	Mobile:
Enduring Power of Attorney (E.P.O.A.):		<input type="checkbox"/> Yes	<input type="checkbox"/> No
E.P.O.A.'s Relationship:			
Contact details if different to person listed in Point B:			
Name:			
Address:			
			Postcode:
Funeral Director's Name:		Telephone No:	
C. DOCTOR			
Name of Doctor:			
Address of Doctor:			
			Postcode:
Incoming Mail to be directed to:			
<input type="checkbox"/> Resident		<input type="checkbox"/> Representative	
Accounts to be directed to:			
<input type="checkbox"/> Resident		<input type="checkbox"/> Representative	
Signed by: Mr/Mrs/Miss/Ms (Please Print):			
Signature:		Date:	
Relationship: Self/Representative/E.P.O.A./Other (Please State):			
Note: Please attach a copy of the current Aged Care Assessment with this Expression of Interest Form. Completed Form together with a current Aged Care Assessment Form should be returned to Terrona Ramsay (CEO/DON) – Kooweerup Regional Health Service, P.O. Box 53, Kooweerup Vic 3981			