

Application for admission

Full name

Hebrew name

Date of birth

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Place of birth

National Insurance Number

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Nationality

Home address

Postcode

Current address if different (or if in hospital)

Postcode

Telephone number

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Telephone number

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Do you live:

in your own home in Sheltered accommodation

with your family with a carer

Name of Synagogue

Synagogue you were married in

Name of Next of Kin and their relationship to you

Next of Kin's address

Next of Kin's telephone number

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Postcode

Name of the Borough you live in

Name of Doctor

Who will pay for fees?

Private funding Local authority

Other (please specify)

Address of Doctor

Postcode

NHS number

Telephone number of Doctor

During your first week living at Edinburgh House we will have a discussion with you and your family (and your GP) regarding your wishes at end of life. We realise that this is a difficult subject but we are very keen to make sure that we are able to follow your wishes exactly and that we do everything possible to ensure that you can relax and live well knowing that everything is in place.

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Signature of applicant

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Signature of Next of Kin or representative