Admission Form

This Admission Form is to be read in association

with the terms set out in the booklet, "Resident Contract Terms", (together the "Contract").



Contract No:		
White	copy/Home	Blue copy/Resident

Celebrating life

The name of the Care Home Provider is: Barchester Healthcare Homes Limited in England and Wales or Barchester Healthcare Limited in Scotland

Name of Resident: Preferred Name: Current or Last Residential Address: Date of Birth: Number	Name of Care Home:		Chargeable items will be invoiced monthly a		
Preferred Name: Additional one to one care Chiropody				Guarantor/Third	
Additional one to one care Chiropody Dental requirements (not within NHS provisions) Optical requirements (not within NHS provisions) Optical requirements (not within NHS provisions) Optical requirements (not within NHS provisions) Pharmaceutical Physiotherapy Hairdressing Newspapers Personal dry cleaning Staff escorts to hospitals Taiks and other transportation Other (no be specified) (Tick boxes where applicable) Name of the person responsible for the fees stated below Start Date:	5 () 1))		Party (delete as appropriate).	Chargoabla	
Chiropody Dental requirements (nor within NHS provisions) Date of Birth:	Current or Last Residential Address		Additional one to one care	Chargeable	
Dental requirements (not within NHS provisional) Optical requirements (not within NHS provisional) Optical requirements (not within NHS provisional) Pharmaceutical Physiotherapy Hairdressing Newspapers Personal dry cleaning Staff escorts to hospitals Taxis and other transportation Other (to be specified) (Trick boxes where applicable) Name of the person responsible for the fees stated below Start Date: _/ _/ End Date: _/ _/ Noumber of nights x daily rate) Nove if a short term (temporary) resident is stay exceeds 28 days they will be classed as a long term (permanent) resident will automatically apply. Long Stay (permanent) Resident - Complete this Section Start Date: _/ _/ Long Stay (permanent) Resident - Complete this Section Start Date: _/ _/ Weekly Fee: f _ per Week This will automatically increase by 5.9% each 1" of April. Advance payment, to be paid on or before Admission: Deposit (refundable): f (cee Resident Contract Terms) Initial Fee of: f f (days from commencement to start of direct debit),days Total Fee Due before Admission: f Fees will be collected monthly in advance by direct debit thereafter, commencing 1st day ofmonthyear Proof of Funding for 2 Years Provided? Yes					
Date of Birth: _ / _ / _ NI Number: _ Placement Type: _ Residential					
Physiotherapy Physiotherapy Physiotherapy Physiotherapy Phird property Phairdressing Physiotherapy Phairdressing Personal dry cleaning Staff escorts to hospitals Staff					
Number Hairdressing Newspapers Newsp	Date of Birth:		Pharmaceutical		
Placement Type: Residential Nursing Personal dry cleaning Staff escorts to hospitals Type of Resident: Long Stay (permanent) Short Stay (temporary) Resident - Complete this Section Start Date: / / / End Date: / / / Stap Rate: E	NI Number:		Physiotherapy		
Residential Nursing Personal dry cleaning Continuing Healthcare Lifestyle Choice Type of Resident: Complete this Section Start Date: / /					
Staff escorts to hospitals Taxis and other transportation Other (to be specified) (Tick boxes where applicable) Name of the person responsible for the fees stated below Start Date:/_/ End Date:/_/ End Date:/_/ End Date:/_/ End Date:/_/ End Date:/_/ End Date:/_/ End Date:/_/ End Date:/_/ End Date:/_/ End Date:/_/ End Date:/_/ End Date:/_/ End Date:/_	* 1				
Taxis and other transportation Taxis and other transportation	□ Residential	☐ Nursing			
Other (to be specified) Jong Stay (permanent)	☐ Continuing Healthcare	☐ Lifestyle Choice			
Long Stay (permanent) (Tick boxes where applicable) Short Stay (temporary) Resident - Complete this Section Start Date:					
Short Stay (temporary) Resident - Complete this Section Start Date://_ End Date:/_/_ Number of Days/Nights:					
Short Stay (temporary) Resident - Complete this Section Start Date: / _ / End Date: / _ / Number of Days/Nights:			(Tiek boxes where applicable)		
Start Date:// End Date:// End Date:// Number of Days/Nights:		Complete this Section	Name of the person responsible for the fees	stated below:	
End Date:// Number of Days/Nights:		Complete uns section			
Number of Days/Nights: Day Rate: f Total Fee Due before Admission: f (Number of nights x daily rate) Note if a short term (temporary) resident's stay exceeds 28 days they will be classed as a long term (permanent) resident and the terms and conditions. Long Stay (permanent) Resident - Complete this Section Start Date:// Weekly Fee: f per Week This will automatically increase by 5.9% each 1st of April. Advance payment, to be paid on or before Admission: Deposit (refundable): f (see Resident Contract Terms) Initial Fee Ote before Admission: Fees will be collected monthly in advance by direct debit thereafter, commencing 1st day of month year Proof of Funding for 2 Years Provided? Note if a short term (temporary) resident stay exceeds 28 days they rovider on the due date and to observe such terms and conditions. Where I am not the Resident I will use my reasonable endeavours to ensure that the Resident observes such terms and conditions. Where I am not the Resident I will use my reasonable endeavours to ensure that the Resident observes such terms and conditions. Where I am not the Resident I will use my reasonable endeavours to ensure that the Resident observes such terms and conditions. Where I am not the Resident I will use my reasonable endeavours to ensure that the Resident I will use my reasonable endeavours to ensure that the Resident I will use my reasonable endeavours to ensure that the Resident I will use my reasonable endeavours to ensure that the Resident I will use my reasonable endeavours to ensure that the Resident I will use my reasonable endeavours to ensure that the Resident I will use my reasonable endeavours to ensure that the Resident I will use my reasonable endeavours to ensure that the Resident I will use my reasonable endeavours to ensure that the Resident I will use my reasonable endeavours to ensure that the Resident I will use my reasonable endeavours to ensure that the Resident I will use for the due the mode and conditions. Signature: Capacity in which			•		
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Total Fee Due before Admission: f	Dav Rate: £		and conditions contained within this Contrac	t.	
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Capacity in which signing: Capacity in which signing: Resident Next of Kin Power of Attorney Deputy / Guardian Resident Next of Kin Power of Attorney Deputy / Guardian Resident Next of Kin Power of Attorney Deputy / Guardian Resident Next of Kin Power of Attorney Deputy / Guardian Resident Next of Kin Power of Attorney Deputy / Guardian Resident Next of Kin Power of Attorney Deputy / Guardian Resident Next of Kin Power of Attorney Deputy / Guardian Resident Next of Kin Power of Attorney Deputy / Guardian Resident Next of Kin Power of Attorney Deputy / Guardian Resident Next of Kin Power of Attorney Deputy / Guardian Resident Next of Kin Power of Attorney Deputy / Guardian Resident Next of Kin Power of Attorney Deputy / Guardian Resident Next of Kin Power of Attorney Deputy / Guardian Resident Next of Kin Power of Attorney Deputy / Guardian Resident Next of Kin Power of Attorney Deputy / Guardian Resident Next of Kin Power of Attorney Deputy / Guardian Resident Next of Kin Power of Attorney Deputy / Guardian Resident Next of Kin Power of Attorney Deputy / Guardian Resident Next of Kin Power of Attorney Deputy / Guardian Resident Next of Kin Power of Attorney Deputy / Guardian Resident Next of Kin Power of Attorney Deputy / Guardian Resident Next of Kin Post Code: Full Name & Address: Full Name & Address: Full Name &					
Start Date://					
Power of Attorney Deputy / Guardian Depu		Complete this Section		Kin	
This will automatically increase by 5.9% each 1st of April. Advance payment, to be paid on or before Admission: Deposit (refundable): f (see Resident Contract Terms) Initial Fee of: f Witness Signature: (days from commencement to start of direct debit),days Total Fee Due before Admission: f Fees will be collected monthly in advance by direct debit thereafter, commencing 1st day ofmonthyear Proof of Funding for 2 Years Provided? Yes No, but a Personal Guarantee Deed has been completed Full Name & Address: Post Code:					
Advance payment, to be paid on or before Admission: Deposit (refundable): f			☐ Legal Representative ☐ Third Pa	rty	
Deposit (refundable): f	•	•	Full Name & Address:		
Signature: Post Code:					
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Total Fee Due before Admission: f Fees will be collected monthly in advance by direct debit thereafter, commencing 1st day ofmonthyear Proof of Funding for 2 Years Provided? Agreed on behalf of the Care Home Provider by:			Witness Signature:		
Fees will be collected monthly in advance by direct debit thereafter, commencing 1st day ofmonthyear Date and Place of Signing:		-	Full Name & Address:		
thereafter, commencing 1st day ofmonthyear Proof of Funding for 2 Years Provided? Yes No, but a Personal Guarantee Deed has been completed Date and Place of Signing: Agreed on behalf of the Care Home Provider by: Signature: Position:					
Proof of Funding for 2 Years Provided? Yes No, but a Personal Guarantee Deed has been completed Agreed on behalf of the Care Home Provider by: Signature: Position:				:	
☐ Yes ☐ No, but a Personal Guarantee Deed has been completed ☐ Signature: ☐ Position:			Date and Place of Signing:		
□ No, but a Personal Guarantee Deed has been completed			Agreed on behalf of the Care Home Provider by:		
Position:		Dood has been completed	Signature:		
LI INO CTATO NUMBER OF MONTHS FUNDS have been		· ·			
10, state number of months funds have been	 No, state number of months funds have been demonstrated 		Witness Signature:		
Full Name & Address		_			
Note that in the event that the funding level supplied by a public sector commissioner is less than that required for the placement,					
the full fee remains payable. In the case of continuing healthcare	the full fee remains payable. In the ca	se of continuing healthcare	Post Code		
funding, the supplementary fee is known as a "lifestyle contribution" and you agree to pay the "lifestyle contribution" Date and Place of Signing:				•	