



Rosebud VLLAGE

APPLICATION FOR RESIDENCE				
Full Name				
Current Address				
Date of Birth		Male / Female	Preferred Title (please circle) Mrs / Miss / Ms	
Phone Number	Home		Mobile	
Email Address				
Medicare No		Position on Card	Expiry Date	
Pension No		Repatriation No		
Do You Own A Pet		Type of Pet		
I Hereby Apply For	One Bedroom Unit		Two Bedroom Unit	
	One Bedroom Plus Study		Carport to be leased	
PLEASE NOTE: Unit prices are subject to change without prior notice				
Next of Kin Or Point of Contact	Full Name			
	Address			
	Phone Number			
	Email Address			
	Relationship			
Next of Kin Or Point of Contact	Full Name			
	Address			
	Phone Number			
	Email Address			
	Relationship			
Medical Power of Attorney or Medical Treatment Decision Maker	Full Name(s)			
	Address(es)			
	Phone Number(s)			
	Email Address			
Tick to confirm that a copy of the POA has been provided ? <input type="checkbox"/> YES				

Enduring / Financial Power of Attorney Tick to confirm that a copy of the POA has been provided ? <input type="checkbox"/> YES	Full Name(s)	
	Address(es)	
	Phone Number(s)	
	Email Address	
Executor	Full Name(s)	
	Address(es)	
	Phone Number(s)	
	Email Address	
	Location of Will	

I HEREBY AGREE to pay a sum of TWO THOUSAND (\$2,000) dollars as a waiting list deposit and understand that if I withdraw this application the two thousand dollars is refundable within thirty (30) days of written notice. I also understand that no interest is payable on the deposit and that a 10% management fee will be deducted.

I confirm that I am living independently and expect to continue to live independently upon moving into the Village. I acknowledge that I will need to complete a medical assessment with my regular Doctor to confirm my ability to live independently prior to moving into an independent unit at Rosebud Village.

Your completion of this application form gives consent to the use or disclosure of this information only in a manner that will assist you and for the purpose for which it is provided. This consent also applies to the transfer of any health or medical information from a treating practitioner as part of our service provision.

Attached as required by the Retirement Villages Act 1986:

- Residence and Management Contract
- Fact sheet

I CERTIFY THAT, to the best of my knowledge the foregoing is a true and correct statement and I AGREE THAT, subject to admission to the Village; I will observe the rules and regulations and will endeavour to live in harmony with my fellow residents.

SIGNATURE:DATE:.....

WITNESSED BY:

WITNESS SIGNATURE:

ADDRESS OF WITNESS:

.....

.....POSTCODE.....