|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Entry Application to NMMP** | | | | | | |
|
| ***1. Details of the person*** | **Family name:** |  |  |  |  |  |
| ***applying for a place:*** | **First name(s):** |  |  |  |  |  |
|  | **Preferred name:** | |  |  |  |  |
| ***Applying for:*** | **Sex** | **Male** |  | **Female** |  |  |
| * **Entry now (if suitable** | **Marital Status:** | |  |  |  |  |
| **Accommodation available)** | **Date of birth:** | **.…/..…/.…** |  | **Age** |  |  |
|  | **Your home address:** | |  |  |  |  |
| * **Entry later - Please** |  |  |  |  |  |  |
| **Place name on** |  |  |  |  |  |  |
| **Waiting list** | **Current location (e.g. 'at home', the name of hospital, etc):** | | | | | |
|  |  |  |  |  |  |  |
| * **Entry for Respite** |  |  |  |  |  |  |
| **(if suitable accommodation** | **Pension No:** |  |  |  |  | **Expiry date:** |
| **available)** | **Medicare No:** |  |  |  |  | **Expiry date:** |
|  |  |  |  |  |  |  |
|  | **Current contact phone number:** | | | |  |  |
|  | **Mobile phone:** | |  |  |  |  |
|  | | | | | | |
| ***2. Current Doctor:*** | **Doctor's name:** | |  |  |  |  |
|  | **Address:** |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  | **Current contact phone no:** | | |  |  |  |
|  | | | | | | |
| ***3. Current Diagnosis:*** |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  | | | | | | |
| ***4. Next of Kin:*** | **Family name:** |  |  |  |  |  |
|  | **First name(s):** |  |  |  |  |  |
|  | **Postal address:** | |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  | **Phone(day)** |  |  |  |  |  |
|  | **Phone(night)** |  |  |  |  |  |
|  | **Mobile phone:** | |  |  |  |  |
|  | | | | | | |
|  | | | | | | |
|  | | | | | | |
| ***5. Main contact person*** | **Family name:** |  |  |  |  |  |
| ***or representative*** | **First name(s):** |  |  |  |  |  |
| ***(e.g. carer, family*** | **Postal address:** | |  |  |  |  |
| ***member, friend):*** |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  | **Phone(day)** |  |  |  |  |  |
|  | **Phone(night)** |  |  |  |  |  |
|  | **Mobile phone:** | |  |  |  |  |
|  | | | | | | |
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| **Please attach a copy of your ACAT from and forward to us with this application form.** | | | | | | |
| ***6. Comments*** |  |  |  |  |  |  |
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