

Dougherty Apartments

APPLICATION FOR ONE AND TWO BEDROOM UNITS

Your Name: (Mr/Mrs/Miss).....
Surname First Name

(Mr/Mrs/Miss).....
Surname First Name

Address for Correspondence:.....
.....Post Code:.....

Email Address:.....

Telephone Number:().....Mobile:.....

I/We would like to lodge an application for a 1 or 2 bedroom self care unit, when one becomes available in Dougherty Apartments, Chatswood.

I/We have completed the attached questionnaire and I/We declare that the information and particulars contained therein are, to the best of my/our knowledge, true and correct.

I/We understand that the Management reserves the right to request of me/us a medical report certifying my/our ability to live independently to attach to my/our application or at the time of being offered a unit.

In accordance with S21, Part 4 of the Retirement Villages Act 1999, a waiting list fee of \$200.00 is charged. A copy of the waiting list policy is included in the Resident Funded Self Care Information Package for your information.

Signed:.....

Witness:.....

Date:.....

To be returned to: The General Manager
Dougherty Apartments
1 Victor Street
Chatswood 2067
Email: lorrie@doughertyapartments.org

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QUESTIONNAIRE

Questionnaire for completion by applicants interested in living in a one or a two bedroom self care unit.

Please complete all questions as fully as possible. Attach a separate sheet should you find the space provided inadequate.

Full name(s) of applicant(s)

Date of Birth

.....
.....

Residential Address

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1. Do you require a one or a two bedroom unit?
2. If you require a 2 bedroom unit and a 1 bedroom unit becomes available, would you consider purchasing the 1 bedroom unit?

YES NO

3. Have you ever lived in the Willoughby Municipality during your adult years?

YES NO

If YES, how long have you lived there? years

4. Do you currently own your own home?

YES NO

If YES, would you need to sell it before paying to move into Dougherty Apartments?

YES NO

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5. In your current home, do you have any problems or difficulties with moving around and maintaining your house and its grounds?

YES NO

If YES, please provide us with the details of the areas you are having problems with.

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6. What type of support do you receive from your family, close friends or neighbours?

Shopping Housework Gardening
 Companionship Transport to appointments None

7. Are you familiar with community services such as Meals on Wheels, Home Care, Home Nursing and the like?

YES NO

If YES, do you use these services, which ones do you use and how often do you use them?

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8. Do you have any objections to completing an annual personal medical form if you were to move into Dougherty Apartments?

YES NO

It is essential we keep up to date medical information about you and current relative contact telephone numbers to hand over to doctors and ambulance officers in case of an emergency.

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9. What advantages do you feel would be important to you, if you were to move into Dougherty Apartments?

- Activities
- Security
- Vital Call Service
- Companionship/Socialisation
- Close to shops and transport
- Close to family and friends
- Other:.....

10. When do you wish to move into Dougherty Apartments? (assuming a unit becomes available)

- 6 months 1 year 18 months 2 years
- other (please state)

11. What life experiences have you had that you could bring into the residential community at Dougherty Apartments? i.e. On the committee of an association, involvement in community groups etc.

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12. Is there anything else you feel you would like to tell us?

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