

## Application for admission to a RBL Care Home

All details should be accurate and written clearly in BLOCK CAPITALS

Please select your preferred RBL Care Home	<b>1 CHOICE OF HOME</b>		
	Preferred home	Dunkirk Memorial House Halsey House Mais House	Galanos House Lister House Maurice House

Please indicate both the type and category of care you require.  Please also indicate whether your enquiry is of an urgent or non-urgent nature.	<b>2A TYPE OF CARE</b>		
	Permanent	Respite	Day care
	<b>2B CATEGORY OF CARE</b>		
	Nursing care Dementia care	Residential / Personal care Dementia Nursing Care (Galanos Only)	
	<b>2C URGENCY OF ENQUIRY</b>		
Urgent Admission:	Non-urgent Under 14 days 31 days to 3 months	15 - 31 days Over 3 months	

Applicant is person seeking admission.	<b>3 THE APPLICANT</b>			
	Title	Mr   Mrs   Miss   Ms Other (please specify):		
	Surname			
	Forename(s)			
	Date of birth	/	/	Age
	NHS number			
	National Insurance number			
	Full postal address			
	Telephone number (incl. STD code)			
	Mobile telephone number			
	Email address			
	Preferred contact	Telephone	Email	Post

<p>Please ensure surname is that held at time of enlistment.</p> <p><b>Office Use Only</b> Have Service particulars been verified? Yes No Method:</p> <p>If Service particulars do not apply to applicant, please state relationship to applicant:</p> <p>Seen on application Covid Pass Exemption Copy taken of</p>	<b>4A ELIGIBILITY</b>				
	Surname (when serving)				
	Forename(s)				
	Date of birth		/	/	Age
	Service		RN	Army	RAF
			Other (please specify):		
	Service number				
	Corps / regiment				
	Date of enlistment		/	/	
	Date of discharge		/	/	
	Reason for discharge				
	Corps / regiment				
	Date of enlistment		/	/	
	Date of discharge		/	/	
	Reason for discharge				
	Rank at end of service				
	Documentary evidence				
	Service Type		War National Service Reserve	Regular TA	
			Other (please specify):		
	Medals/decorations				
	POW Country / Period				
	Relationship to applicant (if applicable)				
	<b>4B ELIGIBILITY – COVID VACCINATIONS</b>				
	<p>Prior to admission, we require (a) our residents to be fully vaccinated against Covid-19 ("fully vaccinated" as defined in Government regulations and guidance for England) unless they are exempt and (b) where applicable, for proof of vaccination to be provided. If you cannot comply with these criteria prior to admission, please contact us to discuss your individual circumstances and your options.</p>				
Vaccination		1st Covid	Date:	/ /	
		2nd Covid	Date:	/ /	
		Vaccination Exempt			

<b>5 NEXT OF KIN (NOK)</b>	
Surname	
Forename(s)	
Relationship	
Full postal address	
Telephone number (incl. STD code)	
Mobile telephone no	
Email address	
Is next-of-kin the first point of contact?	Yes    No (if 'No' see section 10)

<b>6 POWERS OF ATTORNEY (POA)</b>		
Is any person(s) appointed as POA to represent and make decisions on behalf of the applicant?	Yes    No	
<b>Attorney 1</b>		
Surname		
Forename(s)		
Relationship to applicant		
Full postal address		
Telephone number (incl. STD code)		
Mobile telephone number		
Email address		
Preferred contact	Telephone    Email    Post	
<i>Type of legal Powers held by the named attorney</i>	Enduring Property and Affairs (EPA)?	Yes    No
	Lasting Property and Financial Affairs (LPA)?	Yes    No
	Lasting Health and Welfare (LPA)?	Yes    No
	Is EPA/LPA Certificate(s) registered with Office of Public Guardian?	Yes    No
	Date of registration	/    /
<b>Office Use Only</b>	OPG registration confirmed?	Yes    No
	Copy of Certificate(s) taken?	Yes    No
	Date Certificate(s) copied?	Yes    No

7 POWERS OF ATTORNEY (POA)				
	Is any person(s) appointed as POA to represent and make decisions on behalf of the applicant?	Yes	No	
	<b>Attorney 2</b>			
	Surname			
	Forename(s)			
	Relationship to applicant			
	Full postal address			
	Telephone number (incl. STD code)			
	Mobile telephone number			
	Email address			
	Preferred contact	Telephone	Email	Post
<i>Type of legal Powers held by the named attorney</i>	Enduring Property and Affairs (EPA)?	Yes	No	
	Lasting Property and Financial Affairs (LPA)?	Yes	No	
	Lasting Health and Welfare (LPA)?	Yes	No	
	Is EPA/LPA Certificate(s) registered with Office of Public Guardian?	Yes	No	
	Date of registration	/	/	
<b>Office Use Only</b>	OPG registration confirmed?	Yes	No	
	Copy of Certificate(s) taken?	Yes	No	
	Date Certificate(s) copied?	Yes	No	

8 GUARANTOR				
<p><i>You can arrange for someone to act as a guarantor for you. This is someone who has agreed to pay your fees and expenses for the home, using their own money, if you become unable to pay these. You do not have to have a guarantor. Your guarantor would also need to sign your care agreement. (Please be aware that agreeing to pay your fees and expenses could put the guarantor's own finances at risk, so it may be appropriate for them to get independent legal advice.)</i></p>				
	Surname			
	Forename(s)			
	Full postal address			
	Telephone number (incl. STD code)			
	Mobile telephone number			
	Email address			
	Preferred contact	Telephone	Email	Post

<p><i>This information will be helpful if we need additional funds for a Third-Party Top-up.</i></p>	<b>9 PREVIOUS EMPLOYMENT</b>	
	Employer Details	
	Length of Service	
	Employer Details	
	Length of Service	
	Type of business / trade or trade union / trade association	

<p><b>CONTACT 1</b></p>	<b>10 OTHER POINT OF CONTACT</b>	
	Surname	
	Forename(s)	
	Full postal address	
	Telephone number (incl. STD code)	
	Mobile telephone number	
	Email address	
	Relationship to applicant	
	Is this person first point of contact?	Yes No
	<p><b>CONTACT 2</b></p> <p><i>We ask that you tell these people that you have given us their contact details.</i></p>	Surname
Forename(s)		
Full postal address		
Telephone number (incl. STD code)		
Mobile telephone number		
Email address		
Relationship to applicant		
Is this person first point of contact?		Yes No

11 FINANCIAL MANAGEMENT	
Please identify the person responsible for managing finances and financial affairs by ticking the responsible person(s). If someone else not already listed on this application form is responsible, please add their name and contact details.	<input type="checkbox"/> Applicant <input type="checkbox"/> Next of Kin <input type="checkbox"/> Power of Attorney 1 <input type="checkbox"/> Power of Attorney 2 <input type="checkbox"/> Other Contact 1 <input type="checkbox"/> Other Contact 2 <input type="checkbox"/> Guarantor <input type="checkbox"/> Other person (please add contact details below)
Name	
Address	
Telephone number (incl. STD code)	
Mobile telephone number	
Email	
Relationship to Applicant	
Preferred contact	<input type="checkbox"/> Telephone <input type="checkbox"/> Email <input type="checkbox"/> Post

12 GENERAL PRACTITIONER	
Name	Dr
Full postal address	
Telephone number (incl. STD code)	
Email	

13 PAYMENT	
<b>Office Use Only</b> Weekly fee quoted to applicant:  Date of panel agreement:	<input type="checkbox"/> Self-funding <input type="checkbox"/> Local Authority <input type="checkbox"/> NHS Cont Healthcare <input type="checkbox"/> Other (please specify):
Source of funds	
Name of local authority (LA) or NHS Clinical Commissioning Group (CCG)	
Address of LA or CCG	
LA/NHS care manager name or Social Worker	
Telephone number (incl. STD code)	
Email	

<b>Office Use Only</b>	<b>14 FINANCIAL ASSESSMENT</b>		
<p>Has verification been provided? Yes    No</p> <p>List Verification:</p> <p>Copies taken Yes    No</p>	<p>Information about finances and property relates to the applicant only. The information you provide us about your finances, savings and property will help us to identify your current or future eligibility for Local Authority funding. If you are currently self-funding, we need to be sure that you can continue to fund your care for a minimum of two years to cover potential delays associated with any statutory financial assessments you may require in the future.</p> <p>Please provide us with verification of your current income (attach separately).</p>		
	Monthly income (salary, pension, benefits)		
	Other Income (e.g. investments)		
	Current Account balance		
	Other savings/investments total balance		
	Investments access time frame	1-2 months 6-9 months	3-6 months more than 12 months
	Are you currently in receipt of pension credit	Yes	No
	Do you receive War Pension or War Widow Pension? (If yes please advise which pension).	Yes	
		No	
	Do you have savings or assets over the value of £23,500	Yes	No
	Do you, your guarantor or representative have sufficient funds to pay fees for	12 months 13 months to 24 months more than 25 months	

<b>Please give details of property you own or rent.</b>	<b>15 PROPERTY</b>		
	Do you live in a rental property?	Yes	No
	Are you	A homeowner with no mortgage? A homeowner with mortgage? A homeowner and in an equity release scheme? A homeowner in receipt of rental income from the property?	
	Do you share ownership of your home e.g. with spouse or other family member?	Yes	No
	Do you own other property in UK or abroad?	Yes	No
	Approximate total value of all property owned	£	

## 16 DATA PROTECTION AND CONSENT

By signing this form, you confirm that the information provided is correct to the best of your knowledge.

This application form contains personal information about you and the people who support you.

We take data protection seriously and will only use the information you have provided to manage your application for admission to our care homes or to access day care services. We will never sell your data and will not use it to market to you.

We will only share your personal information with those who need to know as part of our application and admission management procedures. This may include:

Your GP and other health and social care professionals, or support services involved in meeting your health or care needs.

NHS or Local Authorities, who may be funding or providing care or support.

Ministry of Defence agencies, to confirm your service history or the service history of the person on whom your eligibility is based

Your nominated representatives, if applicable.

If you do not want us to use and share your personal information in these ways, you have the right to say no. However, this may mean we are unable to progress your application. For more information about how the Legion uses personal data, visit:

**[www.britishlegion.org.uk/privacy](http://www.britishlegion.org.uk/privacy)**

If the care home of your choice does not currently have a vacancy or you are not yet ready to proceed with admission, we will hold your application for a maximum period of six months on our expression of interest register. After this time, you will need to re-apply.

Please tick the relevant statements to consent to us using and sharing your personal data in order to manage your application

NB: If the applicant does not have capacity to consent and you are signing on applicant's behalf, please tick this box and complete personal details below

You can use my personal information to progress my application for Legion care home services

Yes    No

You can share my personal information to progress my application for Legion care home services

Yes    No

Applicant name (in block letters)

Signature (if able)

Date

/ /

Representative name (in block letters)

Relationship to applicant

Signature

Date

/ /

Legion caseworker name (in block letters)

Signature

Date

/ /



Please update with details to remain current. If not applicable, please state 'N/A'

<b>FOR OFFICE USE ONLY</b>			
Date application received		/ /	
Source of referral		Self-referral Relative Caseworker Other (please specify):	
Application		Accepted	Not accepted
State why application not accepted			
Type of admission		Urgent	Non-urgent
Expression of Interest list review date (to be completed within 6 months of application date)		Date due	/ /
		Date completed	/ /
Category		Nursing Residential / Personal care Dementia Personal Care Dementia Nursing Care (Galanos Only)	
Weekly fee		£	
Source of funding		Self-funding CCG	Local Authority NHS CHC
LA contribution	£	FNC contribution	£
Date confirmed	/ /	Date confirmed	/ /
Resident contribution	£	Top up amount	£
Date confirmed	/ /	Top up source	
Date of pre-admission assessment	/ /	Date confirmation admission letter sent	/ /
Date terms and conditions sent	/ /	Date terms and conditions returned	/ /
Date commissioner contract received	/ /	CMS checked	Yes No ID No:
Date of admission	/ /	Room no	

*Please use this section for any additional information relevant to the application.*

## Notes / additional information



**ROYAL BRITISH LEGION**

Registered address: Royal British Legion, Haig House, 199 Borough High Street, London SE1 1AA

Registered charity number: 219279