

Residential Care Application Form

Name of the Person requiring care:..... Age.....

The persons Present Location:.....

Name of person making the enquiry:..... Date of Enquiry.....

Your relationship to the person needing care:.....

Reason for Admission.....

Next of Kin.....Relationship.....

Telephone.....email.....

Type of Care Required (Please underline)

Residential Care Dementia Care

Permanent or Respite (please state length of stay required).....

Day Care (please state preferred days)

Funding Source (Please underline)

Private or Social care (NB: a 3rd party top up will be required) / Unknown

When is the care required.....

Name of Social Worker(if known).....

Telephone.....

If you need to contact Social Services to make a referral, Telephone 0344 800 8020

Please could you tell us a little about the person requiring care:

Brief History/ Medical Needs (such as Diabetes, heart problems etc

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Address

The Manager
Eckling Grange Care
Norwich Road
Dereham
Norfolk
NR20 3BB

Contacts

t 01362 692520
f 01362 690278
e enquiries@ecklinggrange.org.uk
w ecklinggrange.org.uk



ECKLING GRANGE

C A R E

Mobility (eg: can they walk unaided, use a frame/stick, need a wheel chair etc)

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Hygiene (eg: can they wash themselves, need assistance etc).....

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Toileting needs.....

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Any special dietary requirements

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Medication.....

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How well do they sleep.....

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Are there any particular behaviour issues we should be aware of.....

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Any Other Relevant Information.....

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