

# 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 3<sup>rd</sup> 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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