

Application Form for Sheltered Accommodation

Name:			
Address:			
Post Code:	Tel/Mobile:	Email:	
Date of Birth:			
Religious Denomination:			
Date of Application:			
"The Trustees lay great	stress on fostering a loving	g and caring Christian atmospher	re."
Referee name:		Next of kin:	
Relationship:		Relationship:	
Address:		Address:	
Post Code:		Post Code:	
Tel/Mobile:		Tel/Mobile:	
Please tick which typ	e of bungalow you	are interested in:	
1. Two bedroom	bedroom 2. One bedroom for married couples		3. Single person
How urgent is your i	need for a bungalow	??	
1. Urgent	2. Less than tw	ro years	3. Not for several years
	ying to come and view the b ised to apply early as we ha	oungalow complex. Please contact the ve a strong wating list".	e Manager to make
		ease write a little about yourself as p Ltd, Norwich Road, Dereham, Norfo	

Address

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

Contacts

- t 01362 692520
- f 01362 690278
- $e \quad \hbox{enquiries@ecklinggrange.org.uk}$
- w ecklinggrange.org.uk



Write a little about yourself