

Application Form for Sheltered Accommodation

Name:				
		Email:		
Date of Birth:				
Religious Denomination:				
Date of Application:				
"The Trustees lay great str	ess on fostering a loving a	and caring Christian atmosphere."		
Referee name:		Next of kin:		
Relationship:		Relationship:		
Address:		Address:		
Post Code:		Post Code:		
Tel/Mobile:		Tel/Mobile:		
Please tick which type	e of bungalow you a	are interested in:		
1. Two bedroom 2. One bedroom for married couples 3. Single person				
How urgent is your n	C			
1. Urgent	2. Less than two yea	3. Not for several years		

Privacy Notice By completing this application form, you are authorising Eckling Grange to hold your data in line with our Data Protection Policy. At no point do we pass on your information to any other third party without the appropriate authority to do so.

Please return this to:

The Manager, Eckling Grange Ltd, Norwich Road, Dereham, Norfolk NR20 3BB

Addres

The Manager

Eckling Grange Residential Care Home

Norwich Road

Dereham

Norfolk NR20 3BB

Contacts

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



Write a little about yourself:						