



APPLICATION FORM

SELF CARE UNIT

DETAILS OF APPLICANT/S

Mr/Mrs/Miss	Mr/Mrs/Miss
Surname _____	Surname _____
Christian Names (<i>in full</i>)	Christian Names (<i>in full</i>)
_____	_____
Date of Birth _____	Date of Birth _____
Religion (<i>optional</i>) _____	Religion (<i>optional</i>) _____
Current Address _____	
_____	Postcode _____
Telephone Home _____	Mobile _____
Email Address: _____	
Do you own your own home _____	

DETAILS OF NEXT OF KIN

Surname _____	Mr/Mrs/Miss _____
Christian Name _____	Relationship _____
Address _____	
_____	Postcode _____
Telephone Home _____	Work _____
	Mobile _____

PERSON TO BE CONTACTED – APPLICANT OR NEXT OF KIN _____

1. CHOICE OF SELF CARE UNIT

1 st Choice:	Type – A, B, D	_____
	Ground Floor or First Floor	_____
2 nd Choice:	Type – A, B, D	_____
	Ground Floor or First Floor	_____
3 rd Choice:	Type – A, B, D	_____
	Ground Floor or First Floor	_____

OTHER DETAILS P.T.O.

2. OTHER DETAILS (*Optional*):

Are you a parishioner of St. John Bosco Parish, Engadine _____

Are you a relative of a parishioner of St. John Bosco Parish, Engadine _____

If so, their Name _____ Relationship _____

Address _____

3. OCCUPANCY DESIRED: As soon as possible _____ Later _____ years

OTHER REMARKS: _____

SIGNATURE: _____ DATE: _____

PLEASE RETURN THIS FORM TOGETHER WITH \$200 WAITING LIST FEE FOR **SELF CARE UNIT** APPLICATION. The fee is fully refundable upon entry to John Paul Village or upon withdrawal of application. Kindly make cheques payable to JOHN PAUL VILLAGE TRUST ACCOUNT.