



JOHN PAUL VILLAGE

15 The Avenue, HEATHCOTE NSW 2233

APPLICATION FORM

SELF CARE UNIT

DETAILS OF APPLICANT/S

Mr/Mrs/Miss

Surname _____

Christian Names (*in full*)

Date of Birth _____

Religion (*optional*) _____

Current Address _____

_____ Postcode _____

Telephone Home _____

Mobile _____

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

1st Choice: Type – A, B, D _____

Ground Floor or First Floor _____

2nd Choice: Type – A, B, D _____

Ground Floor or First Floor _____

3rd Choice: Type – A, B, D _____

Ground Floor or First Floor _____

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.