



APPLICATION FOR RESIDENCY

*A retirement
worth living*





UPA MISSION

“Our Mission is to offer care of the highest possible standard consistent with UPA’s Christian commitment and the expectations of society.”

UPA VALUES

- Compassion
- Positive Leadership
- Commitment
- Honesty
- Kindness
- Teamwork

Application for Residency

Date of Application _____

What accommodation are you seeking? *(please tick appropriate choice)*

Rosetta Park Independent Living Units

Redleaf Serviced Apartments

Other (please specify) _____

Personal Details

Name in Full *(block letters)* Mr/Mrs/Miss/Ms _____

Sex: M F Age: _____ Date and year of birth: ____ / ____ / ____

Present Address _____

Postcode _____

Phone Number _____

Marital Status _____

Name, Address and Phone numbers of all living children

If no children, name and addresses of nearest relatives or friends

Religious Denomination *(optional)* _____

Medicare No. _____

Do you have Hospital Insurance (state fund and policy number)

Ambulance Insurance (state policy number) _____

Do you have a regular Doctor? YES / NO Doctor's name: _____

Address _____

Phone No. _____

Legal Information

Next of Kin:

Relationship

Address

Phone No.

Person responsible for your Legal/Financial matters

Relationship

Address

Phone No.

Does this person have Enduring Power of Attorney? YES / NO

Does this person have General Power of Attorney? YES / NO

Is there any other person who has responsibility for your legal/financial matters?

Name

Address

Phone No.

Who is your Solicitor?

Address

Phone No.



Please return completed form to:

The District Manager
UPA Sydney North
PO Box 273
Wahroonga NSW 2076
Phone 02 9487 1337
Fax 02 9489 1703