

EXPRESSION OF INTEREST FOR AN INDEPENDENT LIVING UNIT

- a) This application registers my/or our interest in becoming a resident. It does not oblige either myself/ourselves or Freemasons WA to accept or offer accommodation.
- b) I/We understand that following this application being registered, I/We am/are encouraged to contact Freemasons WA to discuss changes in my/our requirements at any time.
- c) I/We understand that if accommodation is offered to me/us, I/We shall enter a formal agreement with Freemasons WA which will be the only basis of any contract for accommodation.
- d) I/We understand to be eligible for accommodation we must be eligible for an Aged Pension or if a self funded retiree our maximum annual income must not exceed 2.5 times the Aged Pension and that we will provide an Income Assessment from Centrelink to Freemasons WA with this application. (Individual Assets are required to be less than \$150,000 or as a couple \$200,000

PERSONAL DETAILS (Applicant #1)

Surname (Mr, Mrs, Miss) _____

Given Names _____

Address _____

_____ Post Code _____

Telephone No. _____

Date of Birth _____

Country of Birth _____

Marital Status _____

Do you have a home or unit to sell (Please tick appropriate box) Yes [] No []

Do you receive a pension (Please tick appropriate box) Yes [] No []

Type of Pension _____

Full or Part Pension _____

If we need to contact you and you are unavailable, please provide us with an alternative contact.

Name: _____

Address: _____

_____ Post Code _____

Telephone No _____

PERSONAL DETAILS (Applicant #2)

Surname (Mr, Mrs, Miss) _____

Given Names _____

Address _____

_____ Post Code _____

Telephone No. _____

Date of Birth _____

Country of Birth _____

Marital Status _____

Do you have a home or unit to sell (Please tick appropriate box) Yes [] No []

Do you receive a pension (Please tick appropriate box) Yes [] No []

Type of Pension _____

Full or Part Pension _____

If we need to contact you and you are unavailable, please provide use with an alternative contact.

Name: _____

Address: _____

_____ Post Code _____

Telephone No _____

OFFICE USE ONLY

Confirmation letter sent

Unit offered on Response Date

VILLAGE

Medical Form Y/N

INDEPENDENT LIVING UNITS

Which type of unit would you prefer? (Please tick appropriate box)

Besit [] One Bedroom [] Two Bedrooms only []*

Which village location would you prefer? (Please tick appropriate box or number your preferences)

Albany	[]	Bunbury	[]
Coolbellup (Bedsits & 1 bedroom)	[]	Esperance	[]
Geraldton	[]	Kalgoorlie	[]
Karratha	[]*	Port Hedland	[]*

When do you require accommodation? _____

Are you currently receiving any services in your home? (ie. Meals on Wheels, Silver Chain etc.,)

Do you have any special needs which would warrant closer attention to your application?

It would assist Freemasons WA to know if you are a Freemason or Freemason's widow

Yes [] No []

Lodge Details: _____

Please advise if you wish to be contacted by a Grand Lodge representative should you become ill.

Yes [] No []

Please let us know if you have any further queries by using the space below.

Signature (Applicant #1) _____ Date _____

Signature (Applicant #2) _____ Date _____

HOW WE PROTECT AND RESPECT YOUR PRIVACY

To provide you with the very highest standard of service, we need to ask you for some personal information. In addition to personal details such as your name, address and telephone numbers, we ask you to answer questions about your general health as well as details about medical conditions and any current medications you may be taking or have taken. This information may be required to service your requirements and assist in providing the best solution to your needs.

We realize that some information may be sensitive and that you may not like this to be discussed or given or disclosed to other people.

We recognize the need to protect the information given by you. With this in mind we give you the following undertakings:

- Your information will only be used by us to provide you the highest standard of advice and service.
- It will not be disclosed to anyone who is not directly associated with you, without your express consent.
- You will be able to access the information that we hold about you and we will provide access without undue delay.
- There will be no charge to view your records.
- We will try to ensure that at all times; the details we keep about you are accurate, complete and up-to-date and ask you to keep us informed about any changes in your personal details and any health matter.
- We will undertake all reasonable steps to protect and secure this information from misuse or loss and from unauthorized access, modification or disclosure.
- All staff understands the importance of confidentiality and privacy.
- You will always have the opportunity to discuss these matters with you in private.