

Internal use Ref No:	
Date:	

## Sue Ryder Ireland Application Form Sue Ryder House, Ballyroan, Co. Laois Tel: 057 8731071 E: info@sueryderireland.ie

Schem	e Name			
Date	Day			
Surnan	ne		Forename	
Addres	s			
			Eircode	
Mobile	Number		Telephone Number	
Email A	Address			
Gender	O Male	O Female	PPSN	
Former	Occupation		Marital Status	
•••••				
MEDIC	AL INFORMATION	Please include Docto	ors Cert. if available	
Medica	l Card Number		Other Medical Cover	
Name/	Address of GP			
Presen	t State of Health			

Medical Ailments						
Any sight, hearing or speech defects?	·					
SELF-CARE CAPACITY						
MOBILITY – Are you capable of (pleas	se tic	k yes (	or no)			
Feeding yourself without assistance	0	Yes	0	No		
Getting in and out of bed	0	Yes	0	No		
Do you require a walking stick	0	Yes	0	No		
walking aid	0	Yes	0	No		
wheelchair	0	Yes	0	No		
Going out of doors alone	0	Yes	0	No		
Shopping	0	Yes	0	No		
Managing your financial affairs	0	Yes	0	No		
INCOME						
Type of Pension or Pension						
Weekly Social Welfare Payment						
Other means of income						
Amount						
Total weekly sum			Total	monthly sur	m	

## NEXT OF KIN (Nearest son/daughter/relative/solicitor) Name Address Eircode Mobile Number Email REASON FOR APPLICATION TO SUE RYDER

Anyone who provides false information may preclud	le himself or herself from further consideration by
the Allocations Committee.	

I wish to make application for admission to The Sue all questions truthfully to the best of my ability.	Ryder Foundation (Irl) CLG, and agree to answer				
also agree to allow a member of the Allocations Committee to visit me in my place of residence.					
DECLARATION					
I					
Of					
Hereby undertake to pay to the Sue Ryder Foundation services provided to me as temporary/permanent Tefoundation (Irl) CLG.					
The Foundation wishes to make it clear, that the fac must abide with their GPs decision. If and when he, independent living, and needs constant nursing care	/she decided that the Tenant is not capable of				
THE RESPONSIBILITY FOR CONTINUING CARE LIES	WITH THE TENANT'S OWN FAMILY.				
I fully understand that I must comply with the decisi	ion of my GP in this regard.				
Should your application be successful you will be re	quired to sign a lease/tenancy agreement				
I have read and understood the conditions set out in	this document and I agree to abide by them.				
Signature of the Applicant	Signature of the Witness				
	(on behalf of the foundation)				
Date					

The Sue Ryder Foundation Ireland CLG is an Irish registered charity CHY 12296, RCN 20035693. An approved Housing Body registered with the housing agency.

