



## Indochinese Aged Care Services

印支高齡服務中心

### Application Form

#### Applicant Details

Date: \_\_\_/\_\_\_/\_\_\_

Name: \_\_\_\_\_ (\_\_\_\_\_)

Sex:  Male /  Female      Age: \_\_\_\_\_      D.O.B.: d\_\_\_\_\_/m\_\_\_\_\_/y\_\_\_\_\_

Address: \_\_\_\_\_ Post code \_\_\_\_\_

Ethnic Background: \_\_\_\_\_ Country of birth \_\_\_\_\_

Language spoken: \_\_\_\_\_ Marital Status \_\_\_\_\_

Pensioner  Non-pensioner      Medicare no. \_\_\_\_\_ Pension card no. \_\_\_\_\_

Diagnosis \_\_\_\_\_

#### Contact persons

① Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Address : \_\_\_\_\_

Contact No. (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Mobile) \_\_\_\_\_

Email address: \_\_\_\_\_

② Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Address : \_\_\_\_\_

Contact No. (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Mobile) \_\_\_\_\_

Email address: \_\_\_\_\_

#### OFFICE USE ONLY

Entered AutumnCare \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Remarks: \_\_\_\_\_

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