**GOODWOOD JUBILEE MEMORIAL HOMES**

**GOODWOOD JUBILEUM GEDENKTEHUISE**

*A COMPANY REGISTERED UNDER THE COMPANIES ACT NOT FOR GAIN*

*‘N MAATSKAPPY GEREGISTREER ONDER DIE MAATSKAPPYWET SONDER WINSBEJAG*

**1959/000009/08**

**Tehuise vir Bejaardes - Homes for the Aged**

**E-pos/E-mail: goodwoodjubileum@absamail.co.za**

**Protea Tehuis Jubilee Retirement Centre**

**Alicestraat 127 C/o Oranje & Riebeek Streets**

**GOODWOOD Tygerdal**

**7460 GOODWOOD**

**7460**

**Tel.: (021) 591-4171/2 Tel.: (021) 592-2088**

**Faks: (021) 591-5587 Fax.: (021) 592-2090**

**A.**

***Aansoek Ontvang op / Application received on: ………………………***

**AANSOEK VIR PROTEA TEHUIS / *APPLICATION FOR PROTEA HOME***

**PERSOONLIKE INLIGTING / *PERSONAL INFORMATION***

**1. VAN / *SURNAME:* ………………………………………………………………………….**

**2. Volle Name / *Full Names:* ………………………………………………………………...**

**3. Identiteitsnommer / *Identity Number:* ………………………………………………….**

**4. Geboortedatum / *Date of Birth:* …………………………………………………………**

**5. ADRES / *ADDRESS:* ………………………………………………………………………**

**…………………………………………………………………………………………………**

**6. Telefoon-/Selfoonnommers / *Telephone/Cell Phone Numbers:***

**…………………………………………………………………………………………………**

**7. Huwelikstaat / *Marital Status:* …………………………………………………………..**

**8. Indien getroud, Naam en Adres van Eggenoot/e / *If married, Name and***

***Address of Spouse:* ………………………………………………………………………**

**…………………………………………………………………………………………………**

**9. GESLAG / *GENDER:* …………. 10. Huistaal / *Home Language:* ……………..**

**11. Kerkverband / *Religious Affiliation:* …………………………………………………..**

**Registered Public Benefit Organsisation 93000 3877/Geregistreerde Openbare Wel daadsorganisasie 93000 3877**

**Registered Nonprofit Organisation:033-936NPO/Geregistreerde Organisasie Sonder Winsoogmerk 033-936NPO**

**Registered Welfare Organisation No./Geregistreerde Welsynsnommer 2 01 0014**

**VAT/BTW NO: 4390116392 (PROTEA) VAT/BTW NO: 4690121134 (JUBILEUM)**

1. **02**

**Naam van Applikant / *Name of Applicant:* ………………………………………………...**

**12. U Hoofberoep voorheen? / *Former Occupation?:* ……………………………….**

**13. Naam van Begrafnisgenootskap / *Name of your Undertaker:***

**………………………………………………………………………………………………**

**Begrafnispolis & Nommer / *Funeral Policy & Number:* …………………………**

**………………………………………………………………………………………………**

**Naam/Adres/Telefoonnommer van Persoon/Instansie wat verantwoordelik is vir u Begrafniskoste / *Name/Address/Telephone Number of Person/Orga-***

***nisation responsible for your Funeral Expenses*: ……………………………….**

**………………………………………………………………………………………………**

**14. Het u ‘n Testament? / *Do you have a Will?:* ………………………………………**

**Naam/Adres/Telefoonnommer van u Eksekuteur / *Name/Address/Telephone***

***Number of your Executor:* ……………………………………………………………**

**………………………………………………………………………………………………**

**15. Name/Adres/Telefoonnommer van u DOKTER / *Name/Address/Telephone***

***Number of your DOCTOR:* ……………………………………………………………**

**………………………………………………………………………………………………**

**16. Naam van HOSPITAAL / *Name of HOSPITAL:* ……………………………………**

**Hospitaalleêrnommer / *Hospital Folder Number:* ………………………………..**

**17. Naam van u Mediese Fonds / *Name of your Medical Aid:* ……………………...**

**………………………………………………………………………………………………**

**Mediese Fondslidnommer / *Medical Aid Fund Membership Number:* ………………………………………………………………………………………………**

**18. Naam en Nommer van u Pensioenfonds / *Name and Number of your Pension Fund:* ………………………………………………………………………….**

**19. Kantoor van Uitbetaling** (Bank, ens) **/ *Office of Payment*** *(Bank, etc):*

**………………………………………………………………………………………………**

**20. Waar woon u tans? / *Where do you currently stay?:* ……………………………**

**………………………………………………………………………………………………**

**A. 03**

**Naam van Applikant / *Name of Applicant:* ………………………………………………...**

**21. Hoeveel KINDERS het u? / *How many CHILDREN do you have?:* ……………**

**22. Name/Adresse/Telefoon nrs/E-pos adresse/Beroepe van u Naasverwante /**

***Names/Addresses/Telephone Numbers/E-mail Address/Occupations of your Relatives:***

**Kontak Nr 1 / *Contact No 1:***

**Naam / *Name:* …………………………………………………………………………..**

**Adres / *Address:* ……………………………………………………………………….**

**Tel nr / *No* (W): ………..…..…. (H): ………………. Sel nr / *Cell no:* ………................**

**E-pos / *E-mail:* ………………………………………………………………………….**

**Beroep / *Occupation:* …………………………… Verwantskap: ………………….**

**Kontak Nr 2 / *Contact No 2:***

**Naam / *Name:* …………………………………………………………………………..**

**Adres / *Address:* ……………………………………………………………………….**

**Tel nr / *No* (W): ……….………. (H): ………………. Sel nr / *Cell no:* ………................**

**E-pos / *E-mail:* ………………………………………………………………………….**

**Beroep / *Occupation:* …………………………… Relationship: ..………………...**

**Kontak Nr 3 / *Contact No 3:***

**Naam / *Name:* …………………………………………………………………………..**

**Adres / *Address:* ……………………………………………………………………….**

**Tel nr / *No* (W): ……….………. (H): ………………. Sel nr / *Cell no:* ………................**

**E-pos / *E-mail:* ………………………………………………………………………….**

**Beroep / *Occupation:* ………………………………Verwantskap:………………….**

**Kontak Nr 4 / *Contact No 4:***

**Naam / *Name:* …………………………………………………………………………..**

**Adres / *Address:* ……………………………………………………………………….**

**Tel nr / *No* (W): …….…………. (H): ………………. Sel nr / *Cell no:* ………................**

**E-pos / *E-mail:* ………………………………………………………………………….**

**Beroep / *Occupation:* ………………………………Relationship:………………….**

**23. Hoe danig is u gesondheidstoestand en het u hulp nodig tov die volgende/**

***How healthy are you and do you require assistance concerning?:***

**>Mobiliteit / *Mobility*** (Spesifiseer/*Specify*)*:* **…………………………………………...**

**>Bad, Was, Eet, Aantrek / *Bath, Wash, Eat, Dressing:* ………………………….**

**>Mediese Diagnose** (Bv Hart/Hoë Bloeddruk, Kwale of Gebreke)**? / *Medical Diag-***

***nosis*** *(Heart/High Blood Pressure, other Ailments & Disabilities)?****:***

***…………………………………………………………………………………………….***

***…………………………………………………………………………………………….***

***…………………………………………………………………………………………….***

1. **04**

**Naam van Applikant */ Name of Applicant: …………………………………………………***

**24. Meld kortliks u rede waarom u opgeneem wil word / *Why would you like to be accommodated:***

**………………………………………………………………………………………………**

**25. Meld Maand en Jaar wanneer u verkies om opgeneem te word / *When would you like to be accommodated (Month and Year):* ……………………….**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**VERKLARING / *DECLARATION***

**a.** Hiermee **verklaar ek, Mnr/Mev/Mej**……………………………………………………………………………..

dat die gegewens in hierdie vorm na die beste van my wete waar en juis is. Ek onderneem ook dat in-

dien ek gekeur word vir opname, ek my sal NEERLê by die HUISREëLS en REGULASIES van die Tehuis

wat van tyd tot tyd gewysig mag word asook die nie-terugbetaalbare **TOETREEFOOI** van **R……………….**

wat betaalbaar is **VOOR OPNAME** in die Tehuis.

***a. I, Mr/Mrs/Miss****............................................................................................................................................*

***hereby declare*** *that the information provided in this form, is to the best of my knowledge, true and cor-*

*rect. I also undertake that, should my application be approved, I shall ABIDE by the RULES and REGU-*

*LATIONS of the Home, these rules may be subject to adjustment from time to time, as well as the non-*

*refundable* ***ENTRY FEE*** *of* ***R……………..*** *which is required* ***BEFORE ADMISSION*** *in the Home.*

**b.** Ek **AANVAAR** ook dat die Tehuis die reg voorbehou om my **OOR TE PLAAS** van ‘n kamer na die Af-

deling vir Verswaktes (Siekesaal), indien die personeel dit vir een of ander rede in my eie belang nodig

mag ag. Verder dat die losiestariewe in dié afdeling verhoog of verlaag mag word, afhangende van die

tipe versorging of akkommodasie wat ek dan ontvang.

***b.*** *I* ***ACCEPT*** *that the Home retains the right to* ***TRANSFER*** *me to the section for the Chronically ill or*

*temporarily to the Sick Ward or from one room to another in the section for Chronically ill patients, if the*

*staff deem it to be in my best interest. Furthermore, I accept that the TARIFFS in that section may be*

*increased or reduced depending on the type of care or accommodation which has to be provided.*

**c. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**HANDTEKENING VAN APPLIKANT / *SIGNATURE OF APPLICANT***

**d. Handtekening en Verwantskap van Gemagtigde/Verantwoordelike Persoon INDIEN die appli-**

**kant nie in staat is om self te teken nie / *Signature and Relationship of Signatory/Responsible***

***Person IF the applicant is not in a position to sign this document:***

**>…………………………………………………………………………… …………………………………….**

**HANDTEKENING VAN GEMAGTIGDE PERSOON / VERWANTSKAP /**

***SIGNATURE OF AUTHORISED PERSON RELATIONSHIP***

**DATUM / *DATE:* ………………………………………………………**

**PLEK / *PLACE:* ……………………………………………………….**

**GETUIE / *WITNESS:* …………………………………………………**

**NB!!** HEG ASB **AFSKRIFTE** VAN U **IDENTITEITSDOKUMENT EN MEDIKASIE VOORSKRIFTE AAN** /

*PLEASE ATTACH* ***COPIES*** *OF YOUR* ***IDENTITY DOCUMENT AND OF YOUR MEDICATION PRESCRIPTIONS***