



Abbot's Hospital

High Street Guildford Surrey GU1 3AJ

The Hospital of the Blessed Trinity
Registered charity no. 201631

Abbot's Hospital, a Registered Charity, is an Alms-house which has provided sheltered accommodation for the people of Guildford since 1622. It can accommodate up to six couples and fourteen single residents. Each flat has one or two bedrooms, a sitting room, kitchen, bathroom, and a storeroom.

This form is an application for registration as an Applicant for Residence in a single or double flat. Once you are registered you will be considered for vacancies as they arise.

You (or one of you, if you are a couple) must:

- ❖ Have been born in the Borough of Guildford
 - or have lived in the Borough for at least 20 years
 - or have lived in the Borough for the 2 years before applying for residence.
- ❖ Be at least 60 years old.
- ❖ Up to one-third of residents can come from 'out of area' provided that two-thirds of existing residents are 'Guildfordians'.

All applicants must:

- ❖ Be of modest means – this normally means that you do not own your own property and can receive Guildford Borough Council's Housing Benefit (HB).
- ❖ Be fully capable of caring for themselves in their own accommodation and agree to a medical examination by the Hospital's Honorary Physician before taking up accommodation.
- ❖ Complete Power of Attorney (POA) documentation within one year of arrival.

Residents must continue to be capable of looking after themselves whilst at Abbot's Hospital.

Residents must not:

- ❖ Keep any motor vehicles in the Hospital grounds.
- ❖ Keep any pets, other than small, caged birds and fish in small aquaria.
- ❖ Smoke in any Hospital buildings or the Grounds, including residents' flats.
- ❖ There are no naked flames, including scented candles, ever allowed in residents' flats.

Please fill in this form and return it to the Master at the address above.

Data Protection Statement Abbot's Hospital is responsible for ensuring that applicants are suitably qualified and may therefore have to investigate applicant's personal circumstances. The personal data supplied on this form, and other information relating to your application or your care management, will be held on file. Some details may have to be checked or exchanged with other organisations, but none will be disclosed for any inappropriate purpose. You will have access to your personal information on request. All applicants need to understand that data will be kept on file and that, when signing this form, you are signing to agree, explicitly, that Abbot's Hospital can keep your data for the purposes of administration and management. Your data will be removed when you cease to be an 'applicant' for one reason or another or when you leave Abbot's Hospital if you become a resident if your application is successful. Your data will be kept securely, and it will be kept for no longer than is reasonably required.

Surname:	Title:
Forenames:	Known as:
Home Address (with Postcode)	
Home Tel No:	Mobile Tel No:
Date of Birth:	Place of Birth
How Long at Present Address:	Email Address:
Number of Years Resident in Guildford with addresses, if different from current address.	
Present or Last Job	National Insurance (NI) No:
Personal Interests	
Religious Beliefs (if Any)	
Type of Current Accommodation (house, bungalow, flat, caravan lodgings or other)	
Please state the name and address of the owner:	
If you own the Accommodation, please give your estimate of its value:	£
How many rooms does you occupy in the accommodation?	Do you share a kitchen? Do you share a bathroom?
Rent / Mortgage Per Month:	£
Do you receive Housing Benefit (HB)	Council Tax per year: £

Income (Yearly or Weekly)	
Pay	£
State Pension	£
Occupational Pension	£
Private Pension	£
Benefits:	£
Please state the total amount of your investments and other savings:	£
Please list below any regular payments (other than housing, food, fuel and light) that you have to make:	

Please give details of two people (not relatives) including your current landlord, if you have one.

Name, address, with post code, telephone number and email address	Relationship
1. Tel Number: Email Address:	
2. Tel Number: Email Address:	

Name, address with postcode, telephone number and email address of Next of Kin (NOK)	Relationship
1. Tel number: Email Address:	
2. (If available)	

Please tell us why you would like to live at Abbot’s Hospital and why you think we should welcome you into our community. Feel free to add a covering letter if you wish.

DECLARATION:

I declare that the information that I have given in this application is true and I understand that any failure to disclose information, or any attempt to mislead the Hospital during the application process, including the interview and the medical examination, will invalidate my application and may lead to any appointment as a resident being **set aside** without notice.

It must be understood that, if I am appointed, I shall occupy as an Alms-house resident under licence in accordance with Charity Law and as a beneficiary of the Charity. I will not be a tenant. Neither the resident(s) nor any relation or guest of his/hers/theirs will be a tenant of the Charity or have any legal interest in his/her/their Alms-house.

Any regular sum I pay will be a maintenance contribution and not rent.

I am willing to live quietly, without disturbing my neighbours.

I agree that if I become unable to care for myself on a permanent basis I shall, if asked to, find and move to alternative accommodation.

Signed

Date



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MEDICAL AUTHORITY

NAME:
DATE OF BIRTH:
ADDRESS (INCLUDING POSTCODE):
YOUR CURRENT G.P.'s NAME AND THE ADDRESS OF THE SURGERY

I hereby authorise:

- 1) The medical practice of my GP to give to the Hospital's Honorary Physician such details of my medical history as he may request.
- 2) The Hospital's Honorary Physician to pass on to the Master the results of any medical examination and such details of my medical history as he may think appropriate.
- 3) The Master to pass on any relevant details:
 - a) to Governors of Abbot's Hospital to help them determine any application by me, and
 - b) to Hospital staff, emergency call services and NHS staff, to help me in the event of an emergency.

I understand that this information will be used only in connection with my application for residence at Abbot's Hospital, Guildford, and for my subsequent care if I am appointed as a resident.

Signed _____ Date _____