

Self Care
 36 Douglas Avenue
 Chatswood NSW 2067
 Telephone: 9417 3328
 Facsimile: 9417 3095

Hostel
 1 Warrah Street
 Chatswood NSW 2067
 Telephone: 94178443
 Facsimile: 94173777

Website: www.willoughbyvillage.com.au
 Email: admin@willoughbyvillage.com.au



Willoughby Retirement Community Association

(ACN 001 838 777)

36 DOUGLAS AVENUE CHATSWOOD NSW 2067

(ABN 60 001 838 777)

Application for Admission

- There is no financial cost in lodging this application or being on the waiting list.
- Please complete this Form and Email or Fax to us.

I wish to apply for admission to the Willoughby Village and seek:

a SELF CARE / OUTREACH unit

2 bedroom 1 bedroom studio

OR

a HOSTEL Unit

- I am aware I need either a medical certificate for Self Care ; or
- An Aged Care Assessment Team certificate for Hostel/Outreach.

Personal Details:

Surname

Other names

Address

Telephone No.

Date of Birth

Torres Strait Islander / Aboriginal

yes no

I am a present or past resident of Willoughby City

yes no

if yes how many years

I heard about Willoughby Village from

Financial Details:	
I am able to make an Entry Contribution (Self Care)	<input type="checkbox"/> yes <input type="checkbox"/> no
I am able to contribute to an Accommodation Payment (Hostel / Outreach)	<input type="checkbox"/> yes <input type="checkbox"/> no
I currently receive a pension	<input type="checkbox"/> yes <input type="checkbox"/> no
the type being:	
All details of my financial status and other information given to the Association are to be treated on a strictly confidential basis. The Association's Privacy Policy is available at www.willoughbyvillage.com.au .	
Responsible next-of-kin:	
I nominate: as my representative and carer, who will undertake the responsibility of arranging hospital/nursing care for me, should that become necessary in the future. My nominated carer's details are:	
Relationship:	
Telephone No:	
Address:	
Fax/email:	

