Tainui VILLAGE

Office: 96 Clawton Street
Postal Address: Box 5016, New Plymouth 4343
Phone (06) 753-6597
Fax: (06) 753-7650
Email: admin@tainuihome.co.nz

# EXPRESSION OF INTEREST FOR RESIDENCE

Form No. AF6 / Issue: Feb 2015

Full name: _____ Home phone: _____

Address: _____ Date of Birth: _____

General Practitioner: _____

What is your general state of health? _____

_____

_____

Have you been assessed as requiring Rest Home Care? No Yes Date:
Have you been assessed as requiring Hospital level Care? No Yes Date:

Where? _____

Living situation: _____

_____

**Next-of-Kin:**

Name: _____ Home phone _____

Relationship _____ Cell Phone _____

Address _____

**Additional Contact Person**:

Name: _____ Home phone _____

Relationship: _____ Cell ph _____

Address: _____

**Direct contact should be made to: (please tick)**

Applicant ____ ☐
Next-of-kin ____
Contact person ____

Date of Application: _____

Name of person filling out this form _____

Signature: _____