



## SELF CARE UNIT WAITING LIST

Please indicate whether you will require a two or a one bedroom unit:

TWO BEDROOM UNIT ( )  
ONE BEDROOM UNIT ( )

When do you expect that you may wish to occupy a Self Care Unit as a Resident?

(Please place X in the appropriate box)

( ) As soon as possible  
( ) Within 6 months  
( ) Within 12 months  
( ) Within 18 months  
( ) Within 24 months  
( ) Other (please specify) .....

Name of prospective resident .....

Address .....

Telephone .....

Dated .....

If we have difficulty contacting you:

Name of family member .....

Address .....

Telephone .....

Signed by/for prospective resident .....

Dated .....

Please notify us if you wish to cancel this application or if your contact details change.