 Nursing Home Application

STRICTLY PRIVATE AND CONFIDENTIAL

Complete this application form and return it via email or post to the General Manager of the nursing home you are applying to. The General Manager will then contact you to arrange a needs assessment for the person requiring care, and can also help you to understand the financial options available to you.

Please use capital letters if you are completing the form by hand.

SECTION 1: ABOUT YOUR APPLICATION

Applicant’s Full Name

Relationship to person requiring care

Email address

Which nursing home are you applying to?

**Anita Stone Court**, 20 Moor Green Lane, Moseley, Birmingham, B13 8ND   
(Email: [anitastonecourt@bcop.org.uk](mailto:anitastonecourt@bcop.org.uk))

**Neville Williams House,** 8 Greenland Road, Selly Park, Birmingham, B29 7PP (Email: [nevillewilliamshouse@bcop.org.uk](mailto:nevillewilliamshouse@bcop.org.uk))

**Robert Harvey House**, Hawthorn Park Drive, Handsworth Wood,   
Birmingham, B20 1AD (Email: [robertharveyhouse@bcop.org.uk](mailto:robertharveyhouse@bcop.org.uk))

How did you hear about us?

word of mouth carehome.co.uk google social media

flyer other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_

SECTION 2: ABOUT THE PERSON REQUIRING CARE

Full name of person requiring care

Date of Birth NHS Medical   
(DD/MM/YYYY) Number

Address incl. postcode

Marital/Partner status Religion

Full name of next of kin

Relationship to person requiring care

Address incl. postcode

Email address Phone   
 number

Give details of any power of attorney in relation to the person requiring care, including whether this relates to health and wellbeing/personal and financial affairs. You will need to provide a copy for our records on admission.

Please explain the current situation that has led to this person now requiring nursing care.

SECTION 3: MEDICAL DETAILS OF THE PERSON REQUIRING CARE

Name of GP

Name of GP Surgery

GP Surgery Address

Phone Number

Give details of the past medical history of the person requiring care.

Give the name, job title and contact details of any other health/social care professionals involved in this person’s care.

SECTION 4: FINANCING THE CARE PLACEMENT

Details about care service charges are available in our factsheets, available on our website or from the nursing home Administrator.

How will the care home fees be met?

Please tick this box if you would like to arrange an appointment with the nursing home general manager to discuss how the care placement may be financed.

APPLICANT’S SIGNATURE   
(typed is fine)

DATE

Thank you for your application. One of our team will be in touch with you soon.

