



QUIRINDI RETIREMENT HOMES LIMITED
Preliminary Application
 (Sending this application puts you under no obligation to us)

	Self-Care Units		Residential Aged Care	
Application for residence at:	Gables	Villas	Low Care	High Care

Date of Application	HOW SOON IS RESIDENCE REQUIRED?		
	Urgent	Soon	

Name of Proposed Resident		Date of Birth
Address		
Name of Person to Contact		
Address of Contact Person		
Contact Person Phone Number	Best Time for Contact	
Describe Reason for Application		
Has an assessment by ACAT been performed and what is the result?		
How did you come to know about these facilities?		
Signature of person completing this form	Date	

If you subsequently wish to withdraw this application, please let us know

For further information, please contact Ann Bernard
 at Eloura on 6741 2222