

The Hospital of the Holy and Undivided Trinity

(Registered Charity No.231984)

Application Form for Admission as a Brother of Trinity Hospital (THA.9)

Private and Confidential

Data Protection Statement: The Hospital of the Holy and Undivided Trinity provides accommodation for single/widowed gentlemen who are aged over 50 years and live in the Retford or surrounding area. It is the Trustees' responsibility to ensure that applicants for almshouses are suitably qualified under the terms of the charity's governing instrument. Trustees therefore need to investigate the personal circumstances of applicants. The personal data supplied on this form, and other information relating to an almshouse appointment or your care management, will be held on file. Some details may be checked with relevant organisations, but none will be disclosed for any inappropriate purpose. You may have access to your personal information on request.

** Delete as applicable*

Personal details	
Surname	
First name(s)	
Date of birth	
Are you	*a bachelor / *a widower
Address	
Telephone	Home Mobile
Email address	
Length of time at current address	
Is your present home	*owned by you / rented / other (please give details)
If owned by yourself what would your plans be if offered an almshouse?	
How far is your present home from West Retford?	
Are you a car owner?	*yes / *no If yes, how long have you held a licence?
What are your hobbies / leisure activities?	

Next of kin	
Name of immediate next of kin/Emergency Contact	
Relationship to Applicant	
Would NOK be able to assist in case of illness/emergency?	*yes / *no
Address	
Telephone	Home Mobile

Church connection	
Are you a confirmed member of the Church of England?	*yes / *no If no, what is your religious affiliation?

Employment history	
Are you currently employed?	*yes / *no
Name and address of employer	
Position held	
Length of this employment	
Are you retired?	*yes / *no If yes, what was the date of your retirement?
National Insurance number	
Brief details of previous employment	

Legal matters	
Have you ever been bankrupt or had a court order for debt registered against you?	*yes / *no If yes, please give details
Have you ever had a criminal conviction?	*yes / *no If yes, please give details

Financial details	
Do you own a house?	*yes / *no If yes, what is its current value? £
What capital do you have?	
What pensions do you receive?	
Do you have any other sources of income?	*yes / *no If yes, please give details

Medical details	
<i>Note: it is essential that almshouse residents are able to care for themselves, with the assistance of family and social services as necessary.</i>	
Doctor's name and address	
How long have you been a patient of this doctor?	
Do you smoke?	*yes / *no
Have you had any serious illnesses or medical conditions in the past five years?	*yes / *no If yes, please give details
Would you allow the Trustee to consult with your GP (in confidence) in connection with your application.	*yes / *no

References

Give details of three people who can give a personal character reference, one of whom must be the clergy person responsible for your Church of England parish. Referees will be asked to comment from their own knowledge of the candidate.

Name	
Contact details (address, telephone, email address)	
Name	
Contact details (address, telephone, email address)	
Name	
Contact details (address, telephone, email address)	

Declaration

I accept that if I am appointed I shall not be a tenant.

I declare that the details above are correct to the best of my knowledge and belief and submitted in good faith. I confirm that I am able to look after myself, with assistance from Family and social services if necessary.

Signature	
Date	

Please return this form to:

The Bailiff
Trinity Hospital Estates
Estate Office
58B Bridgegate
Retford
Notts DN22 7UZ (Or by fax to 01777 711810)

Enquiries, please contact

The Bailiff, Mr R O Rabagliati
01777 703718
bailiff@trinityestates.co.uk