



ROSEBUD VILLAGE

every person cared for, every person valued

Part of The Village Baxter Community
287-323 Bayview Road Rosebud 3939
Ph (03) 5986 3912 admin@rosebudvillage.com
ABN 96 006 640 544

APPLICATION FOR RESIDENCE

PLEASE answer each question: ALL information is CONFIDENTIAL

SURNAME:

GIVEN NAMES:

Male

Female

Please indicate preferred title Mrs Miss Ms

ADDRESS:

..... POSTCODE.....

PHONE NUMBER:

EMAIL ADDRESS:

DATE OF BIRTH: Male..... Female.....

PLACE OF BIRTH: Male

Female

NEXT OF KIN or POINT OF CONTACT

1) Name:

Address:

..... POSTCODE :

Relationship:PHONE:

2) Name:

Address:

..... POSTCODE :

Relationship:PHONE:

3) Name:

Address:

..... POSTCODE :

Relationship:PHONE:

SOLICITOR: Name:

Address:

Phone:

POWER OF ATTORNEY:

Name:

Address:

Phone:

I HEREBY APPLY FOR:

- ❖ One Bedroom Unit
- ❖ Two Bedroom Unit
- ❖ One Bedroom Plus study Unit
Please note there are only 3 in total of this style
- ❖ Carport to be leased

Please select all that apply

PLEASE NOTE: Unit prices are subject to change without prior notice.

Please turn over...

I HEREBY AGREE to pay a sum of TWO THOUSAND (\$2,000) dollars as a waiting list deposit and understand that if I withdraw this application the two thousand dollars is refundable within thirty (30) days of written notice. I also understand that no interest is payable on the deposit and that a 10% management fee will be deducted.

I confirm that I am living independently and expect to continue to live independently upon moving into the Village. I acknowledge that I will need to complete a medical assessment with my regular Doctor to confirm my ability to live independently prior to moving into an independent unit at Rosebud Village.

Your completion of this application form gives consent to the use or disclosure of this information only in a manner that will assist you and for the purpose for which it is provided. This consent also applies to the transfer of any health or medical information from a treating practitioner as part of our service provision.

Attached as required by the Retirement Villages Act 1986:

- Licence Agreement document
- Fact sheet

I CERTIFY THAT, to the best of my knowledge the foregoing is a true and correct statement and I AGREE THAT, subject to admission to the Village; I will observe the rules and regulations and will endeavour to live in harmony with my fellow residents.

APPLICANT'S SIGNATURE: Applicant 1

Applicant 2

DATE

WITNESS SIGNATURE:

ADDRESS OF WITNESS

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