

Independent Living Units

Expression of Interest for Residency

This form is to be completed by:

- Individuals interested in applying for an Independent Living Unit (no obligation enquiry)

Date Completed: ____/____/____

PERSONAL DETAILS

Title: _____

First Name: _____ Middle Name: _____

Surname: _____ Preferred Name: _____

Street Address: _____

Suburb: _____ Postcode: _____

Home Phone: () _____ Mobile: _____

Email: _____

D.O.B: (dd/mm/yyyy) _____ Gender: _____

Aboriginal or Torres Strait Islander: Yes / No _____

Country of Birth: _____ Religion: _____

Primary Language: _____ Secondary Language: _____

Marital Status _____

SUPPORT PERSON CONTACT DETAILS (if required)

Title: _____

First Name: _____ Middle Name: _____

Surname: _____ Preferred Name: _____

Street Address: _____

Suburb: _____ Postcode: _____

Home Phone: () _____ Mobile: _____

Email: _____



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I am interested in the following (please tick)

Goodwood Villas

- 1 bedroom villa Yes No
- 2 bedroom villa Yes No
- 3 bedroom villa Yes No

Killean Units

- 1 bedroom unit Yes No
- 2 bedroom unit Yes No

Approximate Entry Date (if known):

RETURN

Please complete this form and return to:

McLean Care Ltd
Att: General Manager Residential Services
67 Killean Street
Inverell NSW 2360

Fax: 02 67222 025

Email: admin@mcleancare.org.au

OFFICE USE ONLY

Date form received:

Notes for consideration:

Follow-up: