



**APPLICATION FOR ACCOMMODATION -**

**Care Ashore, Springbok Estate, Alfold, Cranleigh, Surrey GU6 8EX**

**Tel: 01403 752555 Fax: 01403 753404**

**Email: D.Burgess@careashore.org**

Please answer all questions, entering the word 'NONE' where necessary. We request you write clearly as this will help us to process your application quickly. Please answer all questions as fully as you are able.

**FOR OFFICE USE ONLY**

Code: .....

Date: .....

|  |                               |                            |
|--|-------------------------------|----------------------------|
| <b>A. PERSONAL DETAILS</b>   |                               |                            |
| Surname:   | Forename(s)                   |                            |
| N.I. Number  | Nationality                   |                            |
| Date of birth  |                               |                            |
| Place of birth   | Address                       |                            |
|  | Post code                     |                            |
| Telephone / Mobile   | Email                         |                            |
| Partners full name   | Date of birth                 |                            |
| Is he/she living with you? Yes/No  | Have you any children? Yes/No |                            |
| If so, give ages   |                               |                            |
| Do you have any Pets?  | Yes/No                        | Type                       |
| Have you or your partner been a member of NUMAST or RMT or similar organisation? Yes/No        |                               |                            |
| If <b>yes</b> give name of organisation, membership number and approximate dates of membership |                               |                            |
|  |                               |                            |
| Have you ever been convicted of a criminal conviction? Yes / No                                |                               |                            |
| Please Specify: .....  |                               |                            |
| <b>B. YOUR CURRENT ACCOMMODATION</b>   |                               |                            |
| Do you own the property you are living in? Yes/No Value £                                      |                               |                            |
| If you do not own your own property, do you live in:   |                               |                            |
| 1. Council Property/Registered Social Landlord   |                               | 2. Private Rented Property |
| 3. Sheltered Accommodation   |                               | 4. Boarding House/Hostel   |
| 5. With Relatives  |                               | 6. Other (give details)    |

| <b>C. SEA SERVICE OF YOU OR YOUR PARTNER</b>  |                  |  |
|---|------------------|--|
| Total sea service in years  |                  |  |
| Was service in the Merchant Navy, Royal Navy or other maritime service (please give details)  |                  | <b>Yes/No</b>                            |
| Discharge book or service number (if known)   |                  | <b>Rank</b>                              |
| Dates of sea service  | <b>Commenced</b> | <b>Ended</b>                             |
| Reason for leaving the sea  |                  |  |
| Was sea service terminated by illness/accident?   |                  | <b>Yes/No</b> If <b>Yes</b> give details |
| Was any service during wartime or similar hostilities in any area? If so, please give details |                  |  |
| Have you worked ashore? If so, please give details  |                  |  |
| <b>Name of Company</b>  |                  | <b>Job Title</b>                         |
|   |                  |  |
| <b>Dates</b>  |                  |  |

| <b>D. PRESENT WEEKLY INCOME</b>  |               |         |
|--|---------------|---------|
|  | Self          | Partner |
| Earnings   | £ .....       | £ ..... |
| State Retirement Pension   | £ .....       | £ ..... |
| Family Allowance   | £ .....       | £ ..... |
| Income Support   | £ .....       | £ ..... |
| Housing Benefit  | £ .....       | £ ..... |
| War Pension  | £ .....       | £ ..... |
| Attendance Allowance   | £ .....       | £ ..... |
| Invalidity/Disablement Benefit   | £ .....       | £ ..... |
| MNOPF/MNRPF  | £ .....       | £ ..... |
| Company Pension  | £ .....       | £ ..... |
| Seafaring Charity (Please state which charity)                                   | £ .....       | £ ..... |
| Other Charitable Sources (give details)  | £ .....       | £ ..... |
| Any other income not included above (i.e. Investments, rentals or other sources) | £ .....       | £ ..... |
| Are you in receipt of tax credits?   | <b>Yes/No</b> |         |

| <b>E. PRESENT WEEKLY EXPENSES</b>                       |                |                |
|---|----------------|----------------|
|   | Self           | Partner        |
| Rent / Mortgage Repayments                              | £ .....        | £ .....        |
| Council Tax (after any rebate)                          | £ .....        | £ .....        |
| Total Utility bills (gas, water, electricity and phone) | £ .....        | £ .....        |
| Water Rates   | £ .....        | £ .....        |
| Insurance(s)  | £ .....        | £ .....        |
| Other Regular Expenses (food/travel)                    | £ .....        | £ .....        |
| <b>Total</b>  | <b>£ .....</b> | <b>£ .....</b> |

| <b>F. MORTGAGES, LOANS &amp; DEBTS</b>   |                    |                |                   |                 |
|--|--------------------|----------------|-------------------|-----------------|
| Please give below details of any loans and debts wed, for example, to banks, landlord, catalogues etc. |                    |                |                   |                 |
| Amount borrowed  | Amount outstanding | Name of Lender | Weekly Repayments | Purpose of Loan |
| 1. ....  | .....              | .....          | .....             | .....           |
| 2. ....  | .....              | .....          | .....             | .....           |
| 3. ....  | .....              | .....          | .....             | .....           |

| <b>G. SAVINGS</b>   |         |                          |
|---|---------|--------------------------|
| Do you have any cash in the bank/building society or Post Office? <b>Yes/No</b> if <b>Yes</b> give details  |         |                          |
| Type of account   | Amount  | Interest earned per year |
|   | £ ..... | £ .....                  |
|   | £ ..... | £ .....                  |
|   | £ ..... | £ .....                  |
| Do you have any other investments, i.e. Premium Bonds, Savings Certificates, Shares, Bonds and Investments?<br><b>Yes/No</b> If <b>yes</b> give details and amounts |         |                          |
| .....   |         |                          |
| .....   |         |                          |
| .....   |         |                          |
| .....   |         |                          |

**H. REASONS FOR MAKING THIS APPLICATION TO MOVE TO SPRINGBOK**

Any further remarks, particulars or any other special circumstances in support of your application

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**I. YOUR HEALTH**

Tell us about your health, have you any significant medical conditions?

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**J. THE HEALTH OF YOUR SPOUSE**

Do you receive help in your own home? (District nurse / Home help)

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**K. TO BE COMPLETED BY THE RECOMMENDER**

(Who should be a former employer, a magistrate, minister, doctor, trade union official or other person of standing who knows the applicant)

I certify that I have read the application (and that i have sighted his/her discharge books or other records of service which confirm the total of sea service is as given in section c\*) and that in my opinion he/she is deserving of assistance from your fund. \*delete as appropriate

Name Signature Date

Profession/Occupation

Address

**Please return this form to:**  
**MSWM Society, Springbok Estate, Alfold, Surrey GU6 8EX**

**In making this application I/we declare that all the statements are true and complete and agree that information provided can be checked by MSWMS with external sources:**

Signature ..... Date .....

Signature ..... Date .....

# CARE ASHORE

## CARE ASHORE THE SPRINGBOK – RADCLIFFE UNIT

### TO BE COMPLETED BY YOUR DOCTOR

Springbok – Radcliffe Unit does not have nursing facilities or medical cover other than the local GP. Please ensure that the applicant is self-caring and has sufficient medication. The certificate must not be signed in respect of any person known to be suffering from an infectious or contagious disease. Would you also state if the applicant has any mental instability or suffers from alcohol / drug abuse.

| Surname _____ Other Names _____   |        |
|---|--------|
| Address _____<br>_____  |        |
| Code _____ Post _____   |        |
| Date of Birth _____ National Insurance No. _____  |        |
| Question  | Answer |
| 1. Does he/she suffer from any disease or illness?  |        |
| 2. Does he/she require any nursing/medical care and attention?  |        |
| 3. Can he/she manage continence?  |        |
| 4. Does he/she have any mental health support needs? Please state                                       |        |
| 5. Does he/she have any physical disabilities?  |        |
| 6. Does he/she have any sensory disabilities with sight? If so are these corrected with aids/spectacle? |        |
| 7. Does he/she have impaired hearing? If so does he/she wear a hearing aid?                             |        |
| 8. Can he/she make his/her own bed and keep his/her accommodation tidy?                                 |        |

Surname \_\_\_\_\_ Other Names \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ Post \_\_\_\_\_  
 Code \_\_\_\_\_

|   |  |
|---|--|
| 9. Does he/she require any special diet?  |  |
| 10. Does he/she have any mobility difficulties?   |  |
| 11. State any periods of recent hospital treatment and diagnosis.   |  |
| 12. Give names of hospitals admitted to during the past years   |  |
| 13. What medications is he/she taking at present.   |  |
| 14. Has your patient ever been alcohol or drug dependent?   |  |
| 15. If so has he/she received any treatment?  |  |
| 16. If under retirement age is he/she permanently incapacitated and unable to follow any occupation?  |  |
| 17. Is he/she in your opinion a suitable applicant for admission to:<br><br>a). Housing with support for independent living?<br>b). Residential home? |  |

If there are any particular or general observations to be made other than those listed would you kindly enter these below.

Signature of Medical Practitioner \_\_\_\_\_

Name (Block Capitals) \_\_\_\_\_

Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_ Post Code \_\_\_\_\_

Practice Stamp :