

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: Mr / Mrs / Miss /Ms

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 (please circle) Married / Widowed / Single / Separated / Divorced

SUPPORT PERSON CONTACT DETAILS (if required)

Title: Mr / Mrs / Miss /Ms

First Name:

Middle Name:

Surname:

Preferred Name:

Street Address:

Suburb:

Postcode:

Home Phone: ()

Mobile:

Email:

Printed copies of this document are considered uncontrolled

Authorised: Retirement Services Mgr Implemented: 2014 Reviewed: 2016, 2017 Next Review: 2019

Version: March 2017

Page 1 of 2



Independent Living Units

Expression of Interest for Residency

I am interested in the following (please tick)

Kokoda Cottages Millmerran

Turallin Lodge Millmerran

Clontarf Cottages Millmerran

Domville Lodges Millmerran

Approximate Entry Date (if known):

RETURN

Please complete this form and return to:

McLean Care Yallambee
34-40 Margaret Street,
Millmerran QLD 4357

Fax: 07 4695 1580

Email: yallambeedmin@mcleancare.org.au

OFFICE USE ONLY

Date form received:

Notes for consideration:

Follow-up:

Printed copies of this document are considered uncontrolled

Authorised: Retirement Services Mgr **Implemented:** 2014 **Reviewed:** 2016, 2017 **Next Review:** 2019