



## Fairways Application for Tenancy / Residency

### Applicant details

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Postcode: \_\_\_\_\_ Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

### Next of Kin details

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Postcode: \_\_\_\_\_ Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

### Social Worker / Referring Agency details

Name: \_\_\_\_\_ Agency Type: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Postcode: \_\_\_\_\_ Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

### General Practitioner

Name: \_\_\_\_\_ Surgery: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Postcode: \_\_\_\_\_ Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

### Office use only

Application received: \_\_\_\_\_ Approved: \_\_\_\_\_

Waiting list / Placement to begin: \_\_\_\_\_

**Project where application is being made:**

Name of Project: \_\_\_\_\_

Specific House Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Reasons for the Application:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please give a brief history of the applicant including physical & mental health, previous placements, adult day placements and outline the level of support, supervision & care required by the applicant.**

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