

**JAMES
MILSON**



Village

Independent Living Unit - Application Form

General Information

Residency within the Independent Living Unit of James Milson Village is available under a Non - Registered Lease/Licence.

The Village opened in 1974. James Milson Village currently offers 97 residential premises within the village, made up of:

- 39 x Bedsit or 1 Bedroom Units in The Tower Building
- 54 x 2 Bedroom Units in Camaraigal House
- 4 x 1 Bedroom Units in Camaraigal House

James Milson Village also provides a full range of Residential Care and Services based on the level of care required and preferred.

Residents who purchase a "Right to Reside" Licence within the Retirement Village do not share in any capital gains on the premises at the end of your stay. There is a Departure Fee (DMF) payable on your unit on departure of the Village (details of which are provided in your Agreement).

Companion pets are permitted and conditions apply to visiting pets.

There are many social events and activities organized by James Milson Village to which residents and their families are invited. The Village also offers a range of services to our residents:

- Onsite Management
- Emergency Call System
- Library
- Community Room / Centre
- Hairdressing Salon
- Gym
- Chapel / Prayer Room
- In Home Support Services
- Onsite Parking (under contracted agreement)
- Onsite Storage (under contacted agreement)

The above is general information only which is subject to change at any time.

You should also read the NSW Fair Trading publication 'Moving into a Retirement Village' which gives an overview of the retirement village industry and contains a useful checklist for prospective residents. For more information on your rights and responsibilities, contact Fair Trading by visiting www.fairtrading.nsw.gov.au or calling 13 32 20. A disclosure statement and village contract will provide you with more information should you decide to become a resident.

Privacy Statement

Information collected on this form and through the admission process at James Milson Village is held in the strictest of confidence. Please contact the CEO on (02) 9346 1500 if you require further information.

Please read this application carefully. The information you provide with this application will help us determine if we can accommodate not only your Independent Living needs, but also your future care and service requirements.

This is not an offer of a place within James Milson Village. We do not guarantee that, as a result of completing this application, we will be able to offer you the accommodation of your choosing at the time you wish to enter. However, you can be placed on the waiting list, to be contacted as accommodation becomes available.

This application is retained by James Milson Village and is NOT provided to the Department of Social Services, Department of Veterans' Affairs, Department of Human Services, Centrelink or any other Government Agency.

Application for admission

This application requires that you provide the following:

1. Personal information
2. Information about your financial position that is necessary for us to determine your likely Fees and Charges.
3. Health information that is necessary for us to ensure that you have the additional support that you require to live independently.
4. Accommodation information – We have attached Schedule of Fees and Charges that sets out the price we can charge for the Independent Living Units within James Milson Village. The Fees and Charges Schedule attached are correct at the time we provided the application to you but are subject to change.
5. A Statutory Declaration stating that the information you provide to us in this application is true and correct.

If we can offer you a place and you decide you wish to enter James Milson Village, you will need to sign a Resident Agreement. We have attached a sample copy of our Resident Agreement and a completed version which you will sign, prior to admission. The Resident Agreement outlines your and our rights and responsibilities if you enter James Milson Village.

We will comply with the provisions of the Privacy Act 1998 and the Australian Privacy Principles in dealing with the information you provide to us with this application. The information we collect may be used for any purpose that is directly related to our functions or activities as an aged care provider, or as otherwise permitted at law. For more information on how we handle your personal information, you may review our Privacy Policy. This document is available on our website www.jamesmilsonvillage.com.au

A decision to enter a Retirement facility is a significant one. We encourage you to seek independent legal, financial and other advice about the nature and effect of this application, the Resident Agreement and living in James Milson Village.

If you wish to proceed, please complete the forms and provide all information we have requested in this application and return it to us at:

James Milson Village
4 Clark Road
NORTH SYDNEY NSW 2060

Send an email to:
rlo@jamesmilsonvillage.com.au

Step 1. Personal Information

Your personal details

Surname						
Given Name						
Middle Name						
Preferred Name						
Title	Mr	Mrs	Miss	Ms	Dr	Other
Gender	Male	Female	Other			
Date of Birth						
Age (Years)						
Daytime Telephone						
After Hours Telephone						
Mobile						
Email						
Current Address						
	Suburb	State			Postcode	
Marital Status	Single	Widowed	Married	Separated		
	De Facto	Divorced	Unknown			
Do you have any specific dietary, medical or other requirements?						
Country of Birth						
Are you an Australia Citizen?	Yes	No				
Aboriginal or Torres Strait Islander?	Yes	No				
Preferred Language (s)						
Religion						

Your representative's details

Have you appointed a person to act on your behalf?	Yes No		
If YES, please specify the terms of the appointment (ie: Guardian or Administrator)			
Does this person have an Enduring Power of Attorney?	Financial	Yes	
	Health	Yes	
If YES, please provide contact details of appointed person (s) (if any)			
Surname			
Given Name			
Address			
	Suburb	State	Postcode
Daytime Telephone			
After Hours Telephone			
Mobile			
Email			

First Contact

Surname			
Given Name			
Address			
	Suburb	State	Postcode
Daytime Telephone			
After Hours Telephone			
Mobile			
Email			

Second Contact

Surname			
Given Name			
Address			
	Suburb	State	Postcode
Daytime Telephone			
After Hours Telephone			
Mobile			
Email			

Pension and benefit details - Please provide a copy of your Pension Care (If applicable)

Do you hold an Australian Pensioner Concession Card?	Yes, indicate type		No
	Age	DVA	Disability
	Blind	Widow	Overseas
What is your Pension Number?			
Is it a full or part Pension?	Full	Part	
Are you an Australian ex-prisoner of war?	Yes	No	

Health Insurance & Medicare Details - Please provide a copy of your Medicare & Health Insurance Card

Do you have Private Health Insurance? (ie: MBF, Medibank Private)	
Name of Fund	
Membership Number	
Level of Cover	
What is your Medicare Number?	
Position on Card	
Expiry Date	

Medical History - Please provide further details where appropriate

CVA, TIA	Yes	No	
Diabetes	Yes	No	
Epilepsy	Yes	No	
Hypertension	Yes	No	
Coad	Yes	No	
Angina	Yes	No	
Thyroid Disease	Yes	No	
Confusion	Yes	No	
Other	Yes	No	
Current Medication			
Does the applicant require assistance to mobilise?	Yes	No	
Does the applicant use a walking aid?	Yes	No	

Medical Practitioner Details - Full medical details will be required on admission or when signing the Resident Agreement

Who is your current General Practitioner / Medical Professional?			
Surname			
Given Name			
Address			
	Suburb	State	Postcode
Daytime Telephone			
After Hours Telephone			
Mobile			
Email			

Present Living Arrangements

Present Living Situation	Living with Family	Rented Accommodation	Hospital
	Own House/Unit	Other	Aged Care Service
Comments			
Smoking Status	Smoker	Non-Smoker	

Step 2. Financial Information

Your assets

Have you owned your own home within the last two years?	Yes	No
Do you currently own your own home, either by yourself or with others?	Yes	No
If YES, do any of the following people reside with you?		
Spouse	Yes	No
Dependent Child	Yes	No
Carer (for more than 2 years) (eligible for pension/income support)	Yes	No
Close relative (more than 5 years) (eligible for pension/income support)	Yes	No
What is the estimated value of your home, less any liabilities such as a mortgage or the value of another person's interest?	\$	
Do you own any other real estate?	Yes	No
What is the estimated value of that real estate, less any liabilities such as a mortgage or the value of another person's interest? (Please provide a real estate estimate and any supporting documentation)	\$	
What is the value of your furnishings and personal effects? (Value taken to be \$5,000 if there is no evidence of another value)	\$	
Bank, Building Society or Credit Union Accounts	\$	
Cash, Term Deposits, Loans and Debentures	\$	
Motor Vehicles, Caravans, Boats, Trailers	\$	
Shares	\$	
Managed Investments, Bonds and Trusts	\$	
Superannuation Funds (realisable as a lump sum)	\$	
Other (Please Specify)	\$	
If you have given away any assets in the last 5 years please estimate the value of those assets	\$	
TOTAL	\$	
LESS - Loans and other debts	\$	
TOTAL VALUE OF ASSETS	\$	

Your annual income

Wages?	\$
Aged Pension	\$
Other Pension	\$
	\$
Superannuation (net)	\$
Dividends (net)	\$
Bank Account Interest	\$
Provide details of any other income you receive (net)	\$
	\$
TOTAL	\$

Other information

Please provide any additional information you feel will assist your application

Step 3. References

Please supply details for two, character referees.

Surname			
Given Name			
Address			
	Suburb	State	Postcode
Telephone number			
Mobile			
Email			

Surname			
Given Name			
Address			
	Suburb	State	Postcode
Telephone number			
Mobile			
Email			

Step 4. Accommodation Information

Please indicate whether you are submitting this application for Camaraigal House or The Tower

Type	Camaraigal House	The Tower
Number of Rooms	1 Bedroom 2 Bedroom	1 Bedroom
Level	Groundfloor First Floor Second Floor Third Floor Fourth Floor Fifth Floor Sixth Floor Seventh Floor	Fourth Floor Fifth Floor Sixth Floor Seventh Floor Eighth Floor Ninth Floor Tenth Floor
Aspect	East West North South	East West North South
I am ready to move when an apartment to my liking becomes available		
I would like to be on the waitlist and will contact James Milson Village when I am ready.		

Aged care facilities are not covered by the Retirement Villages Act 1999 (NSW). Entry is not guaranteed and will be subject to availability and meeting the eligibility requirements set by Commonwealth Government laws.

Step 5. Statutory Declaration

I _____ of _____ do solemnly and sincerely declare that the information I have included in this application is true and correct and I acknowledge that:

- a. I have received a copy of the Resident Agreement, the Privacy Policy and information about the maximum amount James Milson Village can charge me for accommodation.
- b. I have read the information in this application, the Privacy Policy and all information provided to me in relation to costs of living within James Milson Village.
- c. I understand:
 - i. The nature and effect of this application
 - ii. My rights and responsibilities with respect to privacy and the reasons why my information must be collected
 - iii. I am not obliged to provide any information requested of me, however this may impact James Milson Village making a decision about my eligibility; and
 - iv. The maximum price that is payable for an Independent Living Unit is detailed in the documentation provided
- d. I have been advised to seek independent legal and financial advice about the nature and effect of this application, the Resident Agreement and living within James Milson Village, and I have had an opportunity to do so.
- e. I have been given the opportunity to inspect James Milson Village.
- f. I have not received or relied upon any representations or promises that are not set out in the Agreement or this document.
- g. If I am signing this on behalf of the applicant, I state that I am duly appointed according to law with the authority and capacity to bind the applicant.
- h. I understand that a person who intentionally makes a false statement in a statutory declaration is guilty of an offence under section 11 of the Statutory Declaration Act 1959, and I believe that the statements in this declaration are true in every particular.

Signature of Declarant

Declared at

Full name, qualification and address of
person before who the declaration is made

Signature of person before whom
the declaration is made

A statutory declaration under the Statutory Declarations Act 1959 may be made before:

A person who is currently licensed or registered under a law to practise in one of the following occupations:

- Chiropractor
- Dentist
- Legal Practitioner
- Medical Practitioner / Nurse
- Optometrist
- Patent Attorney
- Pharmacist
- Physiotherapist
- Psychologist
- Trade Marks Attorney
- Veterinary Surgeon

A person who is enrolled on the roll of the Supreme Court of a State or Territory, of the High Court of Australia, as a legal practitioner (however described); or

Agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public

Australian consular Officer or Australian Diplomatic Officer (within the meaning of the Consular Fees Act 1955)

Bailiff

Bank officer with 5 or more continuous years of service

Building society officer with 5 or more years of continuous service

Chief Executive Officer of a Commonwealth Court

Clerk of a court

Commissioner for Affidavits

Commissioner for Declarations

Employee of the Australian Trade Commission who is:

- In a country or place outside Australia; and
- Authorised under paragraph 3 (d) of the Consular Fees Act 1955; and
- Exercising his or her function in that place

Employee of the Commonwealth who is:

- In a country or place outside Australia; and
- Authorised under paragraph 3 (c) of the Consular Fees Act 1955; and
- Exercising his or her function in that place

Fellow of the National Tax Accountants' Association

Finance company officer with 5 or more years of continuous service

Holder of a statutory office not specified in this list

Judge of a court

Justice of the Peace

Sheriff

Sheriff's officer

Police officer

Magistrate

Member of the Institute of Chartered Accountants in Australia, the Australian Society of Certified Practising Accountants or the National Institute of Accountants

Member of:

- The Parliament of the Commonwealth; or
- The Parliament of a State; or
- A Territory Legislature; or
- A Local Government Authority of a State or Territory

Minister of religion registered under Subdivision A of Division 1 of Part IV of the Marriage Act 1961

Notary public

Permanent employee of the Australian Postal

Corporation with 5 or more years of continuous service who is employed in an office supplying postal services to the public

Master of a court

Member of Chartered Secretaries Australia

Member of Engineers Australia, other than the grade of student

Member of the Association of Taxation and Management Accountants

Member of the Australasian Institute of Mining and metallurgy

Member of the Australia Defence Force who is:

- An officer; or
 - A non-commissioned officer within the meaning of the Defence Force Discipline Act 1982 with 5 or more years of continuous service; or
 - A warrant officer within the meaning of the Act
- Permanent employee of:
- The commonwealth or Commonwealth Authority; or
 - A State or Territory or a State or Territory Authority; or
 - A local government Authority; with 5 or more years of continuous service who is not specified in another item in this list.

Person before a statutory declaration may be made under the law of the State or Territory in which the declaration is made

Registrar, or Deputy Registrar, of a court

Senior Executive Service employee of;

- The Commonwealth or Commonwealth Authority; or
- A State or Territory or a State or Territory Authority

Teacher employed full-time at a school or tertiary institution

Checklist

Before you submit this application, please check you have provided us with all the information we need.

Have you provided all of the following?	Tick if completed
Step 1 – Personal Information	
1. Your personal details	
2. Your representative’s details (if any)	
3. Your emergency contacts	
4. Your pension and benefits details (if any) (with a copy of your Pension Card)	
5. Your health insurance and Medicare details (with copies of your insurance and Medicare Cards)	
6. Your medical details	
7. Your medical practitioner details	
8. Your present living arrangements	
Step 2 – Financial Information	
9. Details about your assets	
10. Details about your annual income	
Step 3 – References	
11. Details for two character references	
Step 4 – Accommodation Information	
12. Have you reviewed our Schedule of Fees and Charges?	
13. Details of the type and location of the accommodation you desire	
Step 5 - Statutory Declaration	
14. Have you signed the Statutory Declaration confirming the information provided is accurate and true?	

