

Self Care Unit Application Form

Details of Applicant/s

Applicant01		Applicant01	
Mr/Mrs/Miss:		Mr/Mrs/Miss:	
Surname		Surname	
Christian Names (in full):		Christian Names (in full):	
Date of Birth:		Date of Birth:	
Religion (optional):		Religion (optional):	
Street Address:			
City:	State:	Post code:	
Phone (Home):	(Mobile):	(Work):	
Email:			
Do you own your own home?			

Details of Next of Kin

Mr/Mrs/Miss:	Surname:		
Christian Name:	Relationship:		
Street Address:			
City:	State:	Post code:	
Phone (Home):	(Mobile):	(Work):	
Person to be contacted (Applicant or Next of Kin)			

1. Choice of Self Care Unit (Please circle)

1st Choice	Audley, Shire, Como, Woronora	Ground Floor or First Floor
2nd Choice	Audley, Shire, Como, Woronora	Ground Floor or First Floor
3rd Choice	Audley, Shire, Como, Woronora	Ground Floor or First Floor

Other Details (Optional)

Are you a parishioner of St. John Bosco Parish, Engadine?

In what areas of parish life have you been involved?

Are you a relative of a parishioner of St. John Bosco Parish, Engadine?

If so, their Name: Relationship:

Address:

In what areas of parish life are they involved?

Occupancy Desired

As soon as possible: Later: years

Other Remarks

Signature:

Date:

Please return this form together with \$200 waiting list fee for **Self Care Unit Application**. The fee is fully refundable upon entry to John Paul Village or upon withdrawal of application. Kindly make cheques payable to **John Paul Village Trust Account**.



Contact Us

☎ 02 8508 3300

✉ enquiries@johnpaulvillage.com.au

🌐 johnpaulvillage.com.au