Algester Lodge
117 Dalmeny Street
Algester Qld 4115
Email: admissions@algesterlodge.com
Phone: 0429 793 132

Bundaleer Lodge
114 Holdsworth Rd
North Ipswich Qld 4305
admissions@bundaleerlodge.com
0418 117 906

Application for Respite Accommodation

Privacy Policy

The information collected in this residency application is for the primary purpose of assessing eligibility for residency at Algester Lodge/Bundaleer Lodge. The information will only be used for the purpose for which it was collected. The resident information is confidential and will not be disclosed to any third party without the resident's written permission.

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Personal Data – Application for Residency

Name – what is the full name of the person applying for residency?	Title: Mr/Mrs/Miss/Ms Surname: …… Given Names: ……
Address – Insert current address	…… …… ……
Date of Birth – what is the applicant's date of birth and age?	DOB: ……/……./…… Age: …….years
Marital Status – what is the applicant's marital status?	Married ☐ Widowed ☐ Single ☐ Separated ☐ Divorced ☐
Religion – what is the applicant's religion?	…… ……
Country of Birth – what is the applicant's country of birth and preferred spoken languages?	Country of Birth: …….. Preferred Language: ..……... ……
Assessment – has the applicant been assessed by an Aged Care Assessment Team? If so what is the care status level - low care/high care?	Yes ☐ No ☐ Low care ☐ High Care ☐ Dementia Specific ☐ Please attach a copy of the assessment or provide approval reference number.
Financial Affairs – who will be responsible for managing the resident's financial affairs?	Title: Mr/Mrs/Miss/Ms Name: …… Address: …… …… …… Telephone: ……..… Relationship: ……..…….. Email: ……

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Pension Does the applicant receive a pension? Does the applicant have a pension card issued by Centrelink? Does the applicant have a pension card issued by Veterans Affairs?	Yes Full Pension ☐ Yes Part Pension ☐ No Pension ☐ Yes ☐ No ☐ Pension Number: …… Yes ☐ No ☐ Veterans Affairs Number: ……
Medicare – does the applicant have a medicare card?	Yes ☐ No ☐ Medicare No: …… Expiry Date: …… Number on Card: ……
Doctor – what is the name and telephone number of your current doctor? Will your doctor or locum service be available 24 hours per day to provide you with medical care whilst at this facility?	Name: …… Telephone Number: …… Yes ☐ No ☐ If no, the facility will appoint a GP. Facility appointed GP name and number: ……
Funeral Arrangements – what are the applicant's funeral arrangements?	Name of funeral director: …… …… Address: …… …… …… Telephone: …… Burial ☐ Cremation ☐ Other: …… …… …… ……

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Nominated Representative – who will be the applicant's nominated representative? (The facility will consult this person in relation to matters relating to care, change of condition etc.)	Title: Mr/Mrs/Miss/Ms Name: …… Address: …… …… Telephone: ……..… Relationship: …… Email: ……
Previous Respite Care – if applicable please insert details of previous respite care.	Number previously taken respite days …… Name of facility where respite care days taken …… Documentary evidence provided for respite days taken Yes ☐ No ☐ Document name: ……
Current Respite Care	Date of Admission …….. Date of Vacating …….. Total Number of Days: ……..
Enduring Power of Attorney – has the applicant an Enduring Power of Attorney?	Yes ☐ No ☐ If yes, please attach a copy. Title of Attorney: Mr/Mrs/Miss/Ms Name: …… Address: …… …… Telephone: ……..… Relationship: ……..…… Email: …… If no, please insert details of your statutory health attorney. Title of Attorney: Mr/Mrs/Miss/Ms Name: …… Address: …… …… Telephone: ……..… Relationship: ……..…… Email: ……

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Relevant Medical History – please provide details of medical history incorporating any surgical and psychological history. Please supply letter from doctor/specialist/hospital discharge.	…… …… …… …… …… …… …… …… …… ……
Current Medication – please provide details of all medication taken by the applicant. Please have doctor complete Medication Chart.	…… …… …… …… …… …… …… …… …… ……
COVID-19 Vaccination	☐ 1st dose ☐ 2nd dose ☐ Booster dose Date:……..Date:……Date:……

Signature of Person Completing this Form :……

Print Name clearly: ……

Date Form Completed: ……/……/……