

Application for Accommodation

1800 722 522 | enquiries@scalabrini.com.au



IMPORTANT: Please complete all fields

Resident Details:

Surname: _____

First Name: _____ Preferred Name: _____

Mr Mrs Miss Other: _____ Date of Birth: _____ / _____ / _____

Single Married Widowed

Residential Address: _____

Country of Birth: _____ Nationality: _____

Languages Spoken: _____ Religion: _____

ACAT referral code: 1 - _____

Medicare No: _____ Medicare Card Expiry Date: _____

Medicare Card Member No: _____

Pension No (If applicable): _____ Full Part

Pension Card Expiry Date: _____

DVA No (If applicable): _____

Persons Responsible:

Person Responsible 1: *(This person will be the primary contact for all communication from Scalabrini)*

Name: _____ Email: _____

Home Ph.: _____ Work Ph.: _____ Mob: _____

Residential Address: _____

Suburb: _____ Postcode: _____

Postal Address (if different to residential address): _____

Suburb: _____ Postcode: _____

Relationship to applicant: _____

Type of authority held: Enduring Guardian Enduring Power of Attorney Power of Attorney

Financial Manager Other: _____

Please provide relevant supporting documentation for type of authority held.

Person Responsible 2:

Name: _____ Email: _____

Home Ph.: _____ Work Ph.: _____ Mob: _____

Residential Address: _____

Suburb: _____ Postcode: _____

Postal Address (if different to residential address): _____

Suburb: _____ Postcode: _____

Relationship to applicant: _____

Type of authority held: Enduring Guardian Enduring Power of Attorney Power of Attorney

Financial Manager Other: _____

Please provide relevant supporting documentation for type of authority held.

Privacy of Information Disclosure Statement:

To ensure Scalabrini Village Ltd (Scalabrini) can provide you with the quality of care and services outlined in your residential aged care agreement with us, we will collect from you, as a resident, particular personal information such as:

- Name / Date of birth / Country of birth / Religion
- Current address
- Whether you are a person of Aboriginal or Torres Strait Islander descent
- Entitlement details / health care fund
- Medical history / Family medical history
- Medications
- Social history
- Other information as required by Scalabrini to provide appropriate services

We also seek your consent to the intended use and disclosure of that information:

- to other health professionals as required
- as required by other Commonwealth and State legislation
- to the person you have designated as the "Person Responsible" for giving and accessing information

We securely store much of the information electronically and may from time to time provide access to our contractors to ensure effective management of our systems.

You can of course choose to not provide us with the required information. Please be aware that in doing so:

- we may be unable to provide appropriate services and care
- we may be unable to meet your individual needs

You may ask to see the information we hold of you at any time.

Photo Consent:

We use photos for the following reasons:

- Wound management
- Identification of the resident for the provision of care/services
- Identification of the resident in the event of an emergency
- As a source of recording participation in activities, celebrations and events

I have read and understood the above information and consent to the intended uses and disclosures of the personal information and photos that Scalabrini holds. I understand that I may withdraw my consent in writing to the Village Manager.

Signature of Resident or Person Responsible: _____

Name of Signatory: _____ Date: _____

Direct Debit Authorisation:

Subject to the Scalabrini Village Ltd Direct Debit Authorisation Terms and Conditions, I authorise Scalabrini Village Ltd to direct debit all resident fees and charges from the account below.

Details of Approved Financial Institution:

Financial Institution: _____

Account Name: _____

BSB: _____ Account Number: _____

Signature of Resident or Person Responsible: _____

Date: _____ Name of Signatory: _____

Direct Debit Authorisation Terms & Conditions:

Definitions	<p>Account means the account specified on the front page of the Direct Debit Authorisation Form from which we are authorised to debit fees;</p> <p>Agreement means this Direct Debit Authorisation Form;</p> <p>Business Day means a day other than a Saturday or a Sunday or a public holiday in Sydney;</p> <p>Debit means a particular transaction where a debit to your Account is made;</p> <p>GST means Goods and Services Tax pursuant to the Goods and Services Tax Act 1999 (Cth);</p> <p>Resident means the Scalabrini resident described overleaf;</p> <p>Scalabrini, us or we means Scalabrini Village Limited ACN 000 770 598;</p> <p>You means the authorising account holder, the person who signed this agreement; and</p> <p>Your account provider is the holder of your Account.</p>
Debiting Your Account	<ol style="list-style-type: none"> 1. By signing this agreement, you have authorised us to debit your account with all amounts from time to time owing by the Resident to us. 2. We will debit your Account as authorised in this agreement.
Your Obligations	<ol style="list-style-type: none"> 3. It is your responsibility to ensure that your Account has sufficient funds to process a debit by us. 4. If a debit is declined: <ol style="list-style-type: none"> a. you may be charged a fee by your Account provider; b. the Resident may incur fees or charges imposed or incurred by us; and c. the Resident must arrange for the payment to be made by another method. 5. You should check your account statement to verify that the amounts debited from your account are correct. 6. If we are liable to pay GST on a supply made by us in connection with this agreement, then you agree to pay us on demand an amount equal to the consideration payable for the supply at the prevailing GST rate.
Dispute	<ol style="list-style-type: none"> 7. If you believe that there has been an error in debiting your account, you should notify us directly and confirm that notice in writing with us as soon as possible so that we can resolve your query more quickly. 8. If we conclude as a result of our investigations that your account has been incorrectly debited we will respond to your query by arranging for your account holder to adjust your balance (including interest and charges) accordingly. We will also notify you in writing of the amount by which your balance has been adjusted. 9. If we conclude as a result of our investigations that your account has not been incorrectly debited we will respond to your query by providing you with reasons and any evidence for this finding. 10. Any queries you may have about an error made in debiting your account should be directed to us in the first instance so that we can attempt to resolve the matter between us and you. If we cannot resolve the matter you can still refer it to your account provider, which will obtain details from you of the disputed transaction and may lodge a claim on your behalf.
Confidentiality	<ol style="list-style-type: none"> 11. We will keep any information (including your account details) confidential. We will make reasonable efforts to keep any such information that we have about you secure and to ensure that any of our employees or agents who have access to information about you do not make any unauthorised use, modification, reproduction or disclosure of that information. 12. We will only disclose information that we have about you: <ol style="list-style-type: none"> a. to the extent specifically required by law; or b. for the purposes of this agreement (including disclosing information in connection with any question or claim).
Notices	<ol style="list-style-type: none"> 13. If you wish to notify us in writing about anything relating to this agreement, you should contact us using the contact details set out below. 14. We will notify you using the contact details you have given us. 15. Any notice will be deemed to have been received: <ol style="list-style-type: none"> a. if posted, two business days after it is posted; or b. if sent by email, on sending.
Term	<ol style="list-style-type: none"> 16. This agreement will continue until: <ol style="list-style-type: none"> a. you or we terminate the agreement by notice to the other; or b. the Resident ceases to be a Scalabrini resident, whichever first occurs.
Scalabrini Head Office Contact	<ol style="list-style-type: none"> 17. Level 8, 9 Help Street, Chatswood NSW 2067 Phone: (02) 8876 6800