

Resident's Admission Agreement

This agreement sets out the terms and conditions which apply to the admission of the Resident named below as a Resident of the Home named below. The terms and conditions set out in the attached Booklet 'Resident Terms and Conditions', (the Booklet), form part of this Agreement.

1. Resident's Name: _____
Mr/Mrs/Miss/Dr/Rev/Other _____
Date of Birth: _____
National Insurance No.: _____
2. Home Name: _____
3. Date of Admission: _____
4. Date of Commencement of Agreement: _____
5. Room No: _____
6. Type of care: Nursing Residential
7. Duration of stay: _____
Long Stay (*more than twenty eight (28) days*)
Short Stay (*complete below*)
Day/nights: _____
8. Weekly Fee: £1,640.00 (for long stay) _____
Daily Rate: £234.28 (for long stay) _____
9. Advance Payment, to be paid on or before admission.
Administration Fee: £820.00 _____
(Subject to Terms & Conditions)
Initial Fee of: £ _____
Total fee due to be paid prior to or on admission:
£ _____
10. Fees will be collected monthly in advance by direct debit, on the 1st working day of the month.
11. Normal Annual Review Date: 1st April
12. Chargeable items will be invoiced monthly and are payable on presentation of the invoice, e.g.
 - Podiatry
 - Dental requirements (not within NHS provisions)
 - Optical requirements (not within NHS provisions)
 - Toiletries
 - Physiotherapy
 - Hairdressing, Beauty & holistic therapies
 - Newspapers
 - Transportation – Group Outings
 - Continence products (not supplied by CHC)
13. Financial Assessment (for long stay only):
Do you have a property to sell? **Y / N**
If so, does someone else live in the property **Y / N**
Do you have savings in your name alone **Y / N**
If so, what is the value of your savings investments?
£ _____
14. Name of the person responsible for the fees stated below:

Relationship to Resident: _____
Contact Number: _____
Email address: _____
15. I confirm that I have received a copy of the Booklet which forms part of this Agreement and agree to the terms and conditions and those contained in the Booklet. Where I am not the Resident, I will use my reasonable endeavours to ensure that the Resident observes such terms and conditions.

Signature: _____

Capacity in which signing:
 Resident Next of Kin
 Power of Attorney Deputy/Guardian
 Legal Representative Third party

Full Name & Address: _____

Post Code _____

Date & Place of Signing: _____
16. I agree that I am fully liable with the above signatory and any other guarantors, as if I were the principal debtor, for payment of sums due under this agreement.

Where I am not the Resident, I will use my reasonable endeavours to ensure that the Resident observes such terms and conditions, a copy of which I acknowledge I have received and agree to.

Signature of Guarantor: _____
Full Name & Address: _____

Post Code _____

Witness Signature: _____
Full Name & Address: _____

Post Code _____

Date & Place of Signing: _____

Agreed by the Company: _____

Position: _____

Witness Signature: _____
Full Name & Address: _____

Post Code: _____