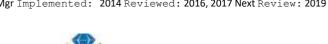
## **Independent Living Units**

## Expression of Interest for Residency

This form is to be completed by:					
Individuals interested in applying for an Independent Living Unit (no obligation enquiry)					
Date Completed:/					
PERSONAL DETAILS					
Title:					
First Name:	Middle Name:				
Surname:	Preferred Name:				
Street Address:					
Suburb:	Postcode:				
Home Phone: ( )	Mobile:				
Email:					
D.O.B: (dd/mm/yyyy)	Gender:				
Aboriginal or Torres Strait Islander: Yes / No					
Country of Birth:	Religion:				
Primary Language:	Secondary Language:				
Marital Status					
SUPORT PERSON CONTACT DETAILS (if required)					
Title:					
First Name:	Middle Name:				
Surname:	Preferred Name:				
Street Address:					
Suburb:	Postcode:				
Home Phone: ( )	Mobile:				
Email:					



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Printed copies of this document are considered uncontrolled

## **Independent Living Units**

## Expression of Interest for Residency

I am interested in the following (please tick)							
Goodwood Villas			Killean Units				
1 bedroom villa	Yes	☐ No	1 bedroom unit	Yes	☐ No		
2 bedroom villa	Yes	□No	2 bedroom unit	Yes	□No		
3 bedroom villa	Yes	☐ No					
Approximate Entry Date (if known):							
RETURN Please complete this form and return to:  McLean Care Ltd Att: General Manager Residential Services 67 Killean Street Inverell NSW 2360  Fax: 02 67222 025  Email: admin@mcleancare.org.au							
OFFICE USE ONLY							
Date form received:							
Notes for consideration:							
Follow-up:							

