

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: Mr / Mrs / Miss /Ms

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 (please circle) Married / Widowed / Single / Separated / Divorced

SUPPORT PERSON CONTACT DETAILS (if required)

Title: Mr / Mrs / Miss /Ms

First Name:

Middle Name:

Surname:

Preferred Name:

Street Address:

Suburb:

Postcode:

Home Phone: ()

Mobile:

Email:

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Authorised: Retirement Services Mgr Implemented: 2014 Reviewed: 2016, 2017 Next Review: 2019

Version: March 2017

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I am interested in the following (please tick)

Casuarina

2 bedroom unit ☐ Yes ☐ No

Grevillea Units

1 bedroom unit ☐ Yes ☐ No

2 bedroom unit ☐ Yes ☐ No

Approximate Entry Date (if known):

RETURN

Please complete this form and return to:

McLean Care CWA House
21 Cherry Street
Oakey Qld 4401

Fax: 07 4691 2251

Email: cwaadmin@mcleancare.org.au

OFFICE USE ONLY

Date form received:

Notes for consideration:

Follow-up:

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