

## **REQUIREMENTS RE ADMISSION OF RESIDENT TO LAKE FARM CENTRE**

1. Applicant **must be in possession of a Government Disability Grant.**
2. Must provide **photocopy** of relevant portion of **I.D. Document.**
3. Must provide full **case history**, details of allergies, operations, etc
4. If on a **Medical Aid** (as a dependant member) **details** must be provided.
5. If applicant is on **medication**, details and source of supply must be given.

**APPLICATION FOR ADMISSION/AANSOEK OM OPNAME**

**LAKE FARM CENTRE – ADULT CARE**

P O BOX 7131, NEWTON PARK, 6055, PORT ELIZABETH

*PLEASE COMPLETE ALL SECTIONS:*

SURNAME .....

FIRST NAME/S .....

ADDRESS .....

.....

DATE OF BIRTH .....

CITIZENSHIP .....

RELIGIOUS DENOMINATION .....

MALE/FEMALE .....

IDENTITY NUMBER .....

NATURE OF PRESENT CARE .....

REASONS FOR APPLYING.....

.....

NAME, ADDRESS AND TELEPHONE NUMBER OF  
FATHER/MOTHER/GUARDIAN

.....

.....

I, the undersigned, do hereby apply for admission for

.....

to Lake Farm Centre and declare that:

- (a) Particulars furnished in this application form are, to the best of my knowledge and belief, true and correct
- (b) I am familiar with the conditions of admission/accommodation and I acquiesce in them or any amendment or addition to them.

SIGNED: ..... DATE:.....

DATE:.....

**BRIEF PERSONAL HISTORY**

NAME: .....

SEX: .....

DATE OF BIRTH: .....

LOCALE: .....

NAMES OF PARENT(S) OR  
GUARDIAN(S):.....

ADDRESS: .....

.....

TELEPHONE: .....

NAMES OF  
SIBLINGS:.....

.....

.....

POSITION IN FAMILY: .....

PARENT'S AGE AT CHILD'S BIRTH:

MOTHER: .....

FATHER: .....

ANY ABNORMALITIES DURING PREGNANCY: .....

.....

IF SO, PLEASE STATE DETAILS: .....

.....

WAS PREGNANCY FULL TERM: .....

IF NOT, STATE WHETHER PREMATURE OR DELAYED: .....

.....

WAS BIRTH NORMAL, OR INDUCED: .....

BIRTH WEIGHT: .....

METHOD OF FEEDING: .....

ANY MAJOR ILLNESSES DURING INFANCY: .....

IF SO, PLEASE STATE DETAILS: .....

.....

AGE AT WHICH CHILD STARTED TO WALK: .....

AGE AT WHICH CHILD STARTED TO TALK: .....

DETAILS OF ANY VACCINATIONS: .....

.....

ANY SERIOUS ILLNESSESS OR OPERATIONS DURING CHILDHOOD:

.....

IF SO, STATE DETAILS:.....

.....

.....

SUMMARY OF CONDITION:.....

.....

MEDICATION:.....

.....

DESCRIPTION: HEIGHT:..... WEIGHT:.....

COLOUR OF HAIR:..... EYES: .....

LIKES:.....

.....

DISLIKES: .....

.....

**SCHOLASTIC DETAILS**

**SCHOOL(S) ATTENDED:** .....  
.....  
.....  
.....

**HIGHEST STANDARD  
ATTAINED:** .....

**RECOMMENDATIONS  
BY TEACHERS:** .....  
.....  
.....  
.....

**CAN CHILD READ:** .....

**CAN CHILD WRITE:** .....