

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:

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**HIGHEST STANDARD
ATTAINED:**

**RECOMMENDATIONS
BY TEACHERS:**

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CAN CHILD READ:

CAN CHILD WRITE: