

APPLICATION FOR RESIDENCY AT PARSON LATHAM'S HOSPITAL
24 North Street • Oundle • Peterborough PE8 4AL

STRICTLY PRIVATE & CONFIDENTIAL

DATE OF APPLICATION: _____

TITLE		CURRENT ADDRESS	
FIRST NAME			
MIDDLE NAME(S)			
SURNAME		POSTCODE	
STATUS (ie. single, widowed, etc)		TELEPHONE	
DATE OF BIRTH		MOBILE	
CURRENT MEDICAL CONDITIONS		GP NAME	
		SURGERY ADDRESS & POSTCODE	
TOTAL AMOUNT OF CAPITAL	£	MONTHLY INCOME	£ (including pension/s)
NUMBER AND TYPE OF PROPERTIES OWNED			
FROM WHAT DATE HAVE YOU LIVED IN THE PARISH OF OUNDLE (approx)?		FROM WHAT DATE HAVE YOU LIVED AT YOUR CURRENT ADDRESS (approx)?	
PLEASE TELL US WHY YOU WOULD LIKE TO LIVE AT PARSON LATHAM'S HOSPITAL?			
HOW DID YOU HEAR OF US?			
IF NO ACCOMMODATION IS AVAILABLE, WOULD YOU LIKE TO GO ON THE WAITING LIST?			YES / NO
NEXT OF KIN FIRST NAME		ADDRESS AND POSTCODE	
SURNAME			
RELATIONSHIP			
MOBILE PHONE NUMBER		LANDLINE NUMBER	
REFEREE 1 FULL NAME		REFEREE 2) FULL NAME	
ADDRESS AND POSTCODE		ADDRESS AND POSTCODE	
DAY TIME TELEPHONE		DAY TIME TELEPHONE	

SIGNED: _____

DATE: _____

Please return completed application form by post or email to:
 Clerk to the Trustees, Parson Latham's Hospital,
 24 North Street, Oundle PE8 4AL
 clerk@parsonlathamscharity.org.uk