

APPLICATION TO JOIN WAITING LIST

Title (Mr, Mrs, Miss, Ms, Dr, Rev'd or other)

Surname:

First Names:

Address:

.....

Post Code: Telephone Number:.....

Date of Birth:

Name and Address of Solicitors:

.....

Name and Address of Next of Kin:

.....

.....

With Compliments

*Norma Argent
Manager*

Secure Retirement Association (Headington) Ltd
Emden House
Barton Lane
Old Headington
Oxford
OX3 9JU

Telephone 01865 760 217
Fax 01865 760 213
Email:
admin@emdenhouse.com
www.emdenhouse.com

Type of Flat

I wish to be notified of any vacancy of

- | | |
|------------------------------|--------|
| a. A Studio Flat | Yes/No |
| b. A One Single Bedroom Flat | Yes/No |
| c. A One Double Bedroom Flat | Yes/No |
| d. A Two Bedroom Flat | Yes/No |

Floor Level

- | | |
|-------------------------------|--------|
| a. Any level | Yes/No |
| b. Ground Floor Only | Yes/No |
| c. Must be above Ground Floor | Yes/No |

Timing

- | | |
|---------------------------------------|--------|
| a. I wish to move as soon as possible | Yes/No |
| b. I hope to move in the near future | Yes/No |

Please keep me informed of vacancies

- | | |
|-------------------------------------|--------|
| c. I do not intend to move just yet | Yes/No |
|-------------------------------------|--------|

Circumstances

The Warden at Emden House gives help in times of need and acts as a “good neighbour”, but does not provide any kind of medical service, nor does the Warden give regular support on a day-to-day basis.

Do you believe in the light of this, that your Doctor, if asked, would confirm that you would be able to live an independent life in Emden House?

Deposit

A deposit of £50 payable to S.R.A (Headington) Ltd, is enclosed.

Signed Date.....