



APPLICATION FOR ACCOMMODATION

1. Copy of your Identification Document
2. 4 Colour Passport photos
3. Copy of your Covid 19 vaccination certificate (only for Frail Care and Assisted Living)
4. Copy of your Living Will
5. 3 Months current bank statements
6. IRP5 or IT12 (when requested)
7. Proof of investments or assets
8. Proof of any other income
9. Copy of latest medical prescription
10. Marriage Certificate (if married)
11. Copy of Funeral Policy
12. Copy of ID of 3rd Party responsible for payment if applicant not responsible
13. 3rd Party 3 months current bank statements if applicable

Local Doctor required

Updated Medical Information required on a regular basis

Change of medication scripts a copy to be provided to the manager

Reports from physiotherapist, OT, speech therapist (where applicable)

Please take note that your income statement forms need to be updated annually and submitted to your unit manager by the 31st March.

VISION AND MISSION AND VALUES:

OUR VISION: The HSFA creates a better life for the older person and employees.

OUR MISSION: The HSFA provides comprehensive services for the older person in a sustainable manner

OUR VALUES: Compassion - Respect - Ethics - Responsibility - Teamwork

Would you like to receive marketing from HSFA? Yes ☐ No ☐

Where did you hear about us? _____

<input type="checkbox"/> Radio	<input type="checkbox"/> Newspaper	<input type="checkbox"/> Google	<input type="checkbox"/> Social Media
<input type="checkbox"/> Friends/Family	<input type="checkbox"/> Church	<input type="checkbox"/> Doctors Rooms	<input type="checkbox"/> HSFA Buildings & Vehicles

APPLICATION FOR ACCOMODATION AT THE HELDERBERG SOCIETY FOR THE AGED

***4 Colour ID Photos to be included with this application**

DATE OF ADMISSION: _____ **TASK NUMBER:** _____

UNIT: _____ ROOM NUMBER: _____

SURNAME: FIRST NAMES:

FIRST NAMES: _____ HOME LANGUAGE: _____

ID NUMBER: _____ SEX: _____

DATE OF BIRTH: _____ AGE: _____

NATIONALITY: _____ RELIGION: _____ RACE: _____

EMAIL ADDRESS:

LANDLINE NUMBER: _____ CELL PHONE NUMBER: _____

CURRENT ADDRESS:

MARITAL STATUS (PLEASE INDICATE): ☐ MARRIED/☐ SINGLE/☐ WIDOWED/☐ DIVORCED **IF MARRIED (PLEASE INDICATE):** ☐ MARRIED IN/☐ OUT OF COMMUNITY **OF PROPERTY** . Note if married, please include your marriage certificate with the application.

IF MARRIED, FULL NAME OF SPOUSE: _____

ACCOMMODATION APPLIED FOR: INDEPENDENT LIVING ☐ ASSISTED LIVING ☐

FRAIL CARE ☐ RESPITE CARE ☐

WHEN DO YOU WISH TO BE ADMITTED?

DATE: _____

BRIEFLY STATE THE MAIN REASONS FOR YOUR APPLICATION:

MONTHLY INCOME: R _____

WHAT IS THE STATE OF YOUR HEALTH: ☐ GOOD ☐ FAIR ☐ POOR

ARE YOU OR YOUR SPOUSE A SMOKER? ☐ YES ☐ NO

HOW MANY CHILDREN DO YOU HAVE? _____

PARTICULARS OF CHILDREN: (Please provide particulars of children in excess of 2 on separate sheet)

1. Name: _____

Address: _____

Home Phone Number: _____ Office Number: _____

Email: _____ Cell: _____

2. Name: _____

Address: _____

Home Phone Number: _____ Office Number: _____

Email: _____ Cell: _____

NEXT OF KIN (if not the same as above)

Relationship: _____ Full Name: _____

Address: _____

Tel Number: _____ Email: _____

Executors ☐ or **Attorney** ☐ or **Accountant** ☐

Name: _____

Address: _____

Tel Number: _____ Email: _____

Have you given Power of Attorney? ☐ YES ☐ NO (If yes, please supply copy)

General Power of Attorney ☐ Special Power of Attorney ☐ Living Will ☐ Copy of ID ☐

Signature of Applicant: _____ Date: _____

Signature of Spouse (if applicable): _____ Date: _____



**TO BE COMPLETED BY A DOCTOR –
MEDICAL REPORT IN RESPECT OF AN APPLICANT**

Full Name: _____ Age: _____

ID: _____ Medical Aid: _____ Number: _____

How long has this patient been treated by you: _____

Allergies: _____ Diagnosis: _____

1. Respiratory System

DESCRIPTION	YES	NO	YEAR	DETAILS	TREATMENT
Asthma					
COPD					
TB					
Emphysema					
Shortness of Breath					
Smoker					
Other					

2. Cardio Vascular System

DESCRIPTION	YES	NO	YEAR	DETAILS	TREATMENT
Angina					
Pacemaker					
CCF					
Hypertension					
Hypotension					
Myocardial Infarction					
DVT					
Other					

3. Muscular-Skeletal System

DESCRIPTION	YES	NO	YEAR	DETAILS	TREATMENT
Mobility					
Arthritis					
Spinal Injuries					
Orthopaedic Surgery					
Muscular Illness					
Prosthesis					

4. Endocrine System

DESCRIPTION	YES	NO	YEAR	DETAILS	TREATMENT
Thyroid Problems					
Diabetes Mellitus					

5. Skin Integrity

DESCRIPTION	YES	NO	YEAR	DETAILS	TREATMENT
Pressure Sores					
Surgical Wounds					
Bruises					
Broken Skin/Scratches					
Skin Rashes					
Other					

6. Metabolic Functions

DESCRIPTION	YES	NO	YEAR	DETAILS	TREATMENT
Hepatic Disorders					
Other					

7. Gastro Intestinal System

DESCRIPTION	YES	NO	YEAR	DETAILS	TREATMENT
Dentures					
Peptic Ulcers					
IBS					
Colostomy					
PEG					
Diarrhoea (chronic)					
Special Diet					
Other					

8. Neurological Function

DESCRIPTION	YES	NO	YEAR	DETAILS	TREATMENT
Headaches					
Depression**					
Bi Polar disorders**					
Sleeping Pattern					
Eye Sight					
Hearing					
Parkinson's Disease					
Alzheimer's Disease/ Dementia*					
Other					

9. Renal System

DESCRIPTION	YES	NO	YEAR	DETAILS	TREATMENT
Kidney Stones					
Renal Surgery					
Voiding Disorders					
Catheter					
Urostomy					
Other					

GENERAL REMARKS: *Additional information required for Dementia/Alzheimer's disease

****Psychiatric report required for psychiatric problems**

Place: _____

Medical Practitioner's Signature: _____

Date: _____

Please Print Name: _____

Practice Number: _____

STAMP

EMERGENCY INFORMATION FORM

DATE OF ADMISSION: ____ / ____ / ____

RESIDENT SURNAME: _____

NAMES: _____

DATE OF BIRTH: _____

ID: _____

UNIT NAME: _____

NUMBER: _____

PHONE NUMBER: _____

CELL NUMBER: _____

EMAIL ADDRESS: _____

DOCTOR: _____

TEL NUMBER: _____

CHEMIST: _____

BLISTER PACK: _____

MEDICAL AID: _____

MEDICAL NUMBER: _____

ALLERGIES: _____

COPY OF SCRIPT: _____

CAR: MAKE & MODEL: _____

REG NUMBER: _____

FAMILY MEMBER WHO LIVES CLOSEBY THAT CAN BE CONTACTED IN CASE OF AN EMERGENCY

FIRST RESPONDER: _____

1. Name: _____

Address: _____

Home Tel: _____ Cell number: _____

Email: _____

SECOND RESPONDER: _____

2. Name: _____

Address: _____

Home Tel: _____ Cell number: _____

Email: _____

UNDERTAKER: Name: _____

Tel Number: _____

Preferred Ambulance Service: _____

Preferred Hospital: _____

SIGNATURE OF RESIDENT: _____

DATE: _____

EMERGENCY TELEPHONE NUMBERS

CRISIS CENTRE From Telkom line:107 From cell phone 021 480 7700	AMBULANCE 10177	FIRE BRIGADE 021 853	POLICE 021 850 1325	HOSPITAL HH 021 850 4700	MEDICLINIC 021 850 9000 BUSAMED 021 840 6600	ELECTRICITY & WATER 021 850 4000
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OFFICIAL USE ONLY

UNIT: _____ DATE: _____

NAME OF POTENTIAL RESIDENT: _____

DATE OF BIRTH: _____ AGE: _____

NAME OF FAMILY MEMBER BEING INTERVIEWED: _____

RELATIONSHIP TO APPLICANT: _____

CONTACT NUMBER(S): _____

EMAIL: _____

CIRCLE RELEVANT TO INTERVIEW AND COMPLETE COMMENTS:

<ul style="list-style-type: none"> • Permanent • Independent • Nursing Services • Respite Care • Palliative Care / Hospice • Day Care 	<p style="text-align: center;">Type of placement required</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
<ul style="list-style-type: none"> • Nursing care • Clinical Services • Catering / meals • Laundry • Emergency Call Button • 24 hr Security • Helpers • Domestic Services 	<p style="text-align: center;">Services available</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
<ul style="list-style-type: none"> • Tariff discussed • Single room Internal/External • Double room Internal/External • Refundable deposit • Admin fee • Person responsible for payment • In who's name must the contract be • Insurance 	<p style="text-align: center;">Finances Discussed</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

ASSESSMENT PROCESS EXPLAINED: PLEASE TICK THE BLOCKS

OFFICIAL USE ONLY

- | | | |
|---|--------------------------|-------|
| 1. Air Conditioners | <input type="checkbox"/> | _____ |
| 2. Approval of application | <input type="checkbox"/> | _____ |
| 3. Covid-19 Vaccination Policy | <input type="checkbox"/> | _____ |
| 4. Assessment and Evaluation OT MOCA | <input type="checkbox"/> | _____ |
| 5. Assessment and Evaluation Frailty (Score Sheet) | <input type="checkbox"/> | _____ |
| 6. Assessment and Nursing Evaluation | <input type="checkbox"/> | _____ |
| 7. Assessment Social worker | <input type="checkbox"/> | _____ |
| 8. Blister Pack Medication | <input type="checkbox"/> | _____ |
| 9. Cash / Receipts / pocket money | <input type="checkbox"/> | _____ |
| 10. CCTV | <input type="checkbox"/> | _____ |
| 11. Clothing / Shoes / Socks | <input type="checkbox"/> | _____ |
| 12. Compliments / Complaints procedure | <input type="checkbox"/> | _____ |
| 13. Copy of document to the client | <input type="checkbox"/> | _____ |
| 14. Documentation Forms /supporting documents | <input type="checkbox"/> | _____ |
| 15. Donations / donations to staff | <input type="checkbox"/> | _____ |
| 16. DQ98 | <input type="checkbox"/> | _____ |
| 17. Frailty Changes / Financial Changes | <input type="checkbox"/> | _____ |
| 18. General Power of Attorney | <input type="checkbox"/> | _____ |
| 19. Incident procedure | <input type="checkbox"/> | _____ |
| 20. Indemnity and risk assessments e.g. restraints | <input type="checkbox"/> | _____ |
| 21. Installations / Maintenance (additional) | <input type="checkbox"/> | _____ |
| 22. Living Will | <input type="checkbox"/> | _____ |
| 23. Loadshedding | <input type="checkbox"/> | _____ |
| 24. Medical Report | <input type="checkbox"/> | _____ |
| 25. Other Reports e.g. Psychiatric Report | <input type="checkbox"/> | _____ |
| 26. Property Inspection | <input type="checkbox"/> | _____ |
| 27. Property List & Photographs of furniture | <input type="checkbox"/> | _____ |
| 28. Rental deposit and repair deductions | <input type="checkbox"/> | _____ |
| 29. Rules & Regulations / Welcome Booklet | <input type="checkbox"/> | _____ |
| 30. Smoking Policy / Smoke Detector | <input type="checkbox"/> | _____ |
| 31. Substance Abuse | <input type="checkbox"/> | _____ |
| 32. Telephone services /availability | <input type="checkbox"/> | _____ |
| 33. TV & DSTV / License | <input type="checkbox"/> | _____ |
| 34. Visiting | <input type="checkbox"/> | _____ |
| 35. Volunteer and information session / Activities | <input type="checkbox"/> | _____ |
| 36. Where did you hear about us | <input type="checkbox"/> | _____ |
| 37. Did you attend an HSFA Info Session? When? | <input type="checkbox"/> | _____ |
| 38. HSFA fundraising initiatives: Prestige Club, MySchool,
HSFA Charity Shop, Bequest, Sunbird Project | <input type="checkbox"/> | _____ |

OTHER: _____

CONSULTATION DONE BY: _____

DATE: _____

CLIENT SIGNATURE: _____

DATE: _____

NOTICE OF DEBIT ORDER FORM AUTHORISATION

SCHEDULE

1.1	The Resident / Responsible Person	
	Registration number / identity number	
	Contact Number	
	E-mail Address	
1.2	HSFA	
	Contact Number	
	E-mail Address	
1.3	The Resident's / Responsible Person's Nominated Bank Account	
	Name of Account Holder (if different to that of the Resident / Responsible Person)	
	Identity Number of Account Holder (if different to that of the Resident / Responsible Person)	
	Bank	
	Bank branch	
	Branch code	
	Account number	
	Reference	
1.4	Commencement Date	
1.5	Date of Monthly Debit Order	

In terms of this Notice:

- the account holder, hereby instructs and authorises HSFA to debit and draw on, a monthly basis, all Rental and ancillary amounts owed by the Resident / Responsible Person in terms of the Lease entered into by the Resident / Responsible Person, against the Resident's / Responsible Person's Nominated Bank Account, as set out in item 1.3 of the Schedule. The 1st (First) Debit Order will run against the Resident's / Responsible Person's Nominated Bank Account on the Commencement Date set out in item 1.4 of the Schedule, and thereafter Monthly on the date set out in item 1.5 of the Schedule.
- the account holder authorises HSFA, to verify the details of the Resident's / Responsible Person's Nominated Bank Account, as they are set out in item 1.3 of the Schedule and to confirm at any time that such debits and withdrawals from the Resident's / Responsible Person's Nominated Bank Account shall be deemed to have been authorised by the account holder personally.

Should the bank not honour any one or more payment authorised in terms of this Notice and due and owing by the Resident / Responsible Person, HSFA is further authorised to debit any outstanding monies due and owing by the Resident / Responsible Person from the Resident's / Responsible Person's Nominated Bank Account at a date other than the date specified in item 1.5 of the Schedule, or alternatively during subsequent months.

The account holder may at any time during the subsistence of the Lease request that HSFA supply the Resident / Responsible Person with a detailed invoice setting out all amounts debited from the Resident's / Responsible Person's Nominated Bank Account in terms of this Notice.

The authority given in terms of this Notice may be cancelled by the account holder giving 30 (Thirty) days' notice in writing to HSFA, provided that such notice may not be given prior to the legal termination of the Lease by the Resident / Responsible Person or HSFA.

SIGNATORIES

SIGNED AND DATED BY THE RESIDENT / RESPONSIBLE PERSON AT THE UNDERMENTIONED PLACE AND ON THE UNDERMENTIONED DATE, IN THE PRESENCE OF THE UNDERMENTIONED WITNESSES, HE/SHE BEING DULY AUTHORISED THERETO.

Signed by the RESIDENT /
RESPONSIBLE PERSON at

on this the

day of

20

RESIDENT / RESPONSIBLE PERSON

WITNESS 1

NAME OF SIGNATORY

WITNESS 2

SIGNED AND DATED BY THE ACCOUNT HOLDER AT THE UNDERMENTIONED PLACE AND ON THE UNDERMENTIONED DATE, IN THE PRESENCE OF THE UNDERMENTIONED WITNESSES, HE/SHE BEING DULY AUTHORISED THERETO.

Signed by the Account Holder at

on this the

day of

20

Account Holder (if different to that of the RESIDENT /
RESPONSIBLE PERSON)

WITNESS 1

NAME OF SIGNATORY

WITNESS 2



This document is to be completed by the person responsible for paying the Account.

I, Name: _____ I.D. Number: _____

(The applicant) hereby consents that, and authorises the Helderberg Society for the Aged "the landlord" to, at all times:-

- a) contact, request and obtain information from any credit or service provider (or potential credit or service provider) or registered credit bureau relevant to an assessment of the behaviour, profile, payment patterns, indebtedness, whereabouts, and creditworthiness of the applicant;
- b) furnish information concerning the behaviour, profile, payment patterns, indebtedness, whereabouts, and creditworthiness of the tenant to any registered credit bureau or to any credit or service provider (or potential credit or service provider) seeking a trade reference regarding the applicants' dealings with the landlord.

Signature of Applicant: _____ Date: _____

Witness No 1: _____

Witness No 2: _____

DECLARATION OF INCOME, ALL ASSETS AND EXPENDITURE FORM
(page 1 of 3) (Please provide supporting documents for all assets declared)

NAME: _____

ID: _____

A	INCOME AND ASSETS Documentary proof of income must be furnished	REFERENCE NUMBER where applicable	MONTHLY INCOME e.g. Pension, annuity, trust, dividends, interests, rents		MARKET VALUE OF ASSETS
1. PENSION RECEIVED (Type of pension including foreign sources)		<u>SELF</u>	<u>SPOUSE</u>		
1.1	
1.2	
1.3	
2. ANNUITY (Name of fund)					
2.1	
2.2	
2.3	
3. INCOME FROM TRUST FUNDS & MAINTENANCE ALLOWANCE (Name of fund/person)					
3.1	
3.2	
3.3	
4. DIVIDENDS from shares or Unit Trusts					
4.1	
4.2	
4.3	
5. SALARIES, HONORARIA or DIRECTORS FEES (state source/name of company)					
5.1	
5.2	
5.3	
CARRIED FORWARD	

DECLARATION OF INCOME, ALL ASSETS AND EXPENDITURE FORM
(page 2 of 3)

NAME: _____

ID: _____

A	INCOME AND ASSETS Documentary proof of income must be furnished	REFERENCE NUMBER where applicable	MONTHLY INCOME e.g. Pension, annuity, trust, dividends, interests, rents		MARKET VALUE OF ASSETS
	BROUGHT FORWARD		SELF	SPOUSE	
6.	INTEREST INCOME from cash investments, loans, debentures, participation bonds (specify financial institution)				
6.1	.....	.....	.....	.....	.....
6.2	.....	.....	.....	.....	.....
6.3	.....	.....	.....	.....	.....
7.	INCOME/RENT from FIXED PROPERTY (full description and where situated)				
7.1	.....	.....	.....	.....	.....
7.2	.....	.....	.....	.....	.....
7.3	.....	.....	.....	.....	.....
8.	ALL OTHER INCOME - specify source (i.e. income from business, commission, usufruct/fideicommissum, invigilation, etc.)				
8.1	.....	.....	.....	.....	.....
8.2	.....	.....	.....	.....	.....
8.3	.....	.....	.....	.....	.....
9	ENDOWMENT POLICIES used to draw down annual or monthly basis				
9.1	.....	.....	.....	.....	.....
9.2	.....	.....	.....	.....	.....
9.3	.....	.....	.....	.....	.....
10.	ALL OTHER ASSETS				
10.1	Motor Vehicle	.....	.....	.....	.....
10.2	Household Furniture	.....	.....	.....	.....
10.3	Fixed Property	.....	.....	.....	.....
	TOTAL	.....	.....	.....	.....

DECLARATION OF INCOME, ALL ASSETS AND EXPENDITURE FORM
(page 3 of 3)

NAME: _____

ID: _____

TOTAL VALUE OF ASSETS SOLD OR DONATIONS - MADE OVER THE LAST 10 YEARS – Provide additional details separately if applicable			
1. ASSETS SOLD		SELF	SPOUSE
.....	Date Sold.....	.....	.....
.....	Amount Received.....	.....	.....
.....	Amount on which transfer duty was paid.....	.....	.....
2. ASSETS DONATED			
.....	Date... ..	.....	.....
.....	Value.....	.....	.....
3. CASH DONATED			
.....	Date .....	.....	.....
.....	Value .....	.....	.....
C EXPENDITURE OF A CONTINUOUS NATURE (Documentary proof of to be furnished)			
Bond Instalment		.....	.....
Hire Purchase instalments		.....	.....
Household assets insurance		.....	.....
Income Taxes		.....	.....
Life Insurance		.....	.....
M Net/DSTV Subscription fees		.....	.....
Medical Aid and medication		.....	.....
Motor Vehicle Insurance		.....	.....
Other - Specify		.....	.....
TOTAL		.....	.....
<p>I hereby declare that the information furnished by me is to the best of my knowledge, true and correct.</p> <p>I further declare that I have disclosed all income received by or accrued to me.</p> <p>Signature of Applicant/Authorised Person..... Date.....</p>			

PLEASE NOTE THAT THIS FORM NEEDS TO BE UPDATED ANNUALLY AND SUBMITTED BY 30 NOVEMBER

I am aware that if any of the information detailed on the declaration attached hereto is found to be incorrect, in particular if my income has been omitted or understated, the Helderberg Society for the Aged has the right immediately to increase my rental with retrospective effect or to cancel my lease.

Signature / thumb print / mark x

I certify that before administering the oath/affirmation I asked the deponent the following questions and wrote down his/her answers in his/her presence:

(a) Do you know and understand the contents of the declaration?

Answer: _____

(b) Do you have any objection to taking the prescribed oath?

Answer: _____

(c) Do you consider the prescribed oath as binding on your conscience?

Answer: _____

I certify that the deponent has acknowledge that he/she knows and understands the contents of this declaration which was sworn to/affirmed before me and the deponent's signature/thumb print / mark was placed thereon in my presence.

COMMISSIONER OF OATHS FOR THE
REPUBLIC OF SOUTH AFRICA

DATE: _____

PLACE: _____

Ek is bewus daarvan dat indien enige inligting aangeheg en soos uiteengesit in hierdie verklaring onwaar is, en in besonder as gevind word dat my inkomste te lag weergee is, of enige inkomste uitgelaat is, die Helderberg Vereeniging vir Bejaardes die reg het om my huur onmiddellik te verhoog, terugwerkend vanaf die begin van die huurtermyn of om die huurkontrak te kanselleer.

Handtekening / duimafdruk / merk x

Ek sertifiseer dat voordat ek die voorgeskrewe eed/bevestiging afgeneem het, die volgende vrae aan die verklaarder gestel is en sy/haar antwoorde in sy/haar teenwoordigheid neergeskryf het:

(a) Is u vertrouwd met die inhoud van die bostaande verklaring en begryp u dit?

Antwoord: _____

(b) Het u enige beswaar teen die aflê van die voorgeskrewe eed?

Antwoord: _____

(c) Beskou u die voorgeskrewe eed as bindend op u gewete?

Antwoord: _____

Ek sertifiseer dat die verklaarder erken dat hy/sy vertrouwd is met die inhoud van die verklaring en dit begryp, hierdie verklaring is beëdig/bevestig voor my en die verklaarder se handtekening/duimafdruk/merk is in my teenwoordigheid daarop aangebring.

KOMMISSARIS VAN EDE VIR DIE
REPUBLIC VAN SUID AFRIKA

DATUM: _____

PLEK: _____

KNOW ALL MEN WHOM IT MAY CONCERN

That I the undersigned,

Date of birth:/Identity number _____

Do hereby nominate, constitute and appoint _____

Date of birth:/Identity number _____

to be my Agent for managing and transacting my business and personal administrative duties in THE REPUBLIC OF SOUTH AFRICA,

with full power and authority for me and in my name and for my account and benefit to ask, demand, sue for, recover and receive all debts or sums of money, goods, effects and things whatsoever which are now or hereafter may become due, owing, payable or belong to me,

AND to adjust, settle, compromise and submit to arbitration all accounts, debts, claims, demands, disputes and matters which may subsist or arise between me and any person, persons, Company/ies, Corporation(s) or body(ies) whatsoever and for the purpose of arbitration to make the necessary appointments and sign and execute the necessary acts and instruments in that behalf,

AND to let, either on lease or otherwise, and also to improve, alter, or otherwise deal with any stands, houses or other property belonging to me or with which I entitled to deal,

AND to collect and receive rents, and, if necessary, cancel any lease or other tenancy and take all legal proceedings for ejectment or otherwise in connection with such lease or other tenancy, or the cancellation thereof,

AND to open and operate any account with a Financial Institution and to overdraw such account; to draw, sign and endorse cheques; to draw, accept and endorse bills of exchange and promissory notes; to negotiate for and take discounts and loans with or without security; to pledge any species of security for the repayment thereof; and to withdraw securities and to sign receipts therefor; to establish credits for others; to guarantee payment of any liability or indebtedness of others; to bind me as surety "*in solidum*" and as co-principal debtor and under renunciation of the benefits of division and excussion,

AND to buy or sell movable or immovable property (including Stands) and also Claims and other Mining Rights of all kinds and in connection with any purchase or sale to make the necessary Declaration as to the truth of the amount of the purchase price; to receive or to make and give, as the case may be, the necessary contracts or acts and deeds of transfer or leases of and relating to any immovable or leasehold property, stands, claims or mining rights or mining titles in due and customary form according to the local laws and usages.

AND to invest any money in my hands on Mortgages of movable, immovable or leasehold property and from time to time to vary or alter such investments should it be deemed necessary or expedient to do so, and to consent to the modification of all or any of the terms, or to the cancellation of any Bond or Bonds and to cede the same or any interest thereunder to any person or persons acquiring the same,

INITIAL BOTTOM OF PAGE 1

AND to take up money under security of property movable or immovable and to appear before any Registrar of Deeds, or any official with like duties and powers, or any Magistrate, Notary Public or other competent authority, and to make and execute all such Mortgage Bonds or other Securities as may be requisite or necessary in that behalf or to secure debts due by me before the passing of such Bonds or that may become due thereafter under obligation of my person and property of every description,

AND to waive any rights that I may have or be or become entitled to as usufructuary(ies) in respect of any property in favour of the holder or holders of any bond or bonds thereover,

AND to commence, and prosecute and to defend, compound and abandon all actions, suits, claims and demands and proceedings in regard to me or my property or in relation to my affairs in or before any Court or other body of persons in the Republic of South Africa and in any Territory or Country anywhere in the world,

AND to suffer judgment or decree to be given against me in any of such proceedings by default as my said Agent shall deem fit,

AND to attend all meetings of Creditors of any person or persons, Company or Companies, Syndicate or Syndicates, indebted to me whether in insolvency or otherwise and to prove my claim at any such meeting or meetings and to vote for the election of a Trustee or Trustees or to consent to the assignment of the Estate of any of my Debtors to sign the necessary deeds and to vote for the election of an Assignee or Assignees, and also to vote on all questions submitted to any such meeting of Creditors and generally to exercise all rights attaching to me as Creditor,

AND to attend meetings of persons interested in any Estate, Testate or Intestate, with which I may be concerned as next of kin, heir, legatee, creditor or otherwise, to vote for the appointment of any Executor or Executors Dative to do whatever may be required to prove my claim, and to act for me in all matters pertaining to such Estate,

AND make application in my name for shares in any Company or Syndicate, to receive such shares as may be allotted to me and to sign any Memorandum and Articles of Association and other documents requiring the signature of Shareholders,

AND to appear in person or by proxy at the Meetings of Shareholders of any Company or Syndicate in which I may hold a share or shares and to vote thereat on my behalf,

AND to buy, sell and exchange Script or Shares and to sign the necessary transfers and documents to pass title thereto,

AND further to give and grant receipts, releases or other effectual discharges for any sum of money or thing recovered on my behalf, which receipt whether given in my name or in the name of my Agent shall exonerate the person or persons paying such moneys from seeing to the application thereof,

AND for me and in my name to enter into Partnership, dissolve or liquidate any Partnership and to sell or transfer any Partnership property and to represent my in all matters relating to any Company or Companies that may at any time hereafter be registered or incorporated in the Republic of South Africa or in any Territory or Country anywhere in the world,

AND to sign or execute any Deed or Instrument in writing as effectually as I might or could do if personally present,

INITIAL BOTTOM OF PAGE 2

AND to choose "domiciliumcitandi et executandi", AND GENERALLY to do, execute and suffer any such act, deed, matter or thing whatsoever, as the said Agent may deem necessary or expedient in or about my concerns, HEREBY GIVING and GRANTING to the said Agent power to appoint a substitute or substitutes, and at the same at pleasure to displace or remove and appoint another or others, hereby ratifying and agreeing to ratify whatsoever shall be done or suffered by virtue of these presents,

AND without in any way restricting or limiting the aforementioned general powers and authorities, I do hereby specially authorise my said Agent to do all or any of the following acts, matters and things in relation to any Company or Companies in the Republic of South Africa or in any Territory or Country anywhere in the world,

- 1) To sign and subscribe my name to the Memorandum and Articles of Association of any such Company or Companies as a member thereof, and to undertake to purchase from such Company or Companies and subscribe to the Memorandum of Association of all or any of such Company or Companies for such number of shares in the Share Capital of the Company or Companies as my said Agent may deem fit,
- 2) In my name and on my behalf and in respect of all or any of such Company or Companies to sign, execute and deliver and cause to be lodged with the Registrar of Companies or other competent official, a consent in writing to act as a Director on the Board of Directors of any such Company or Companies and in terms of the Companies Act, 1973, of the Republic of South Africa or any similar legislative provision in any Territory or Country anywhere in the world,
- 3) If so deemed necessary and in lieu and instead of subscribing the Memorandum of Association of any such Company or Companies, in my name and on my behalf to sign, execute and deliver and lodge with the Registrar of Companies aforesaid a contract in my name and on my behalf to take from and pay unto any such Company or Companies such number of shares in the Share Capital of the Company concerned as will be necessary to qualify me as a Director(s) in terms of the Companies Act 1973, of the Republic of South Africa or any similar legislative provision in any Territory or Country anywhere in the world,
- 4) Upon my being named as a Director or proposed Director in any Prospectus or statement in lieu of Prospectus, to be lodged by any such Company or Companies to sign and execute such Prospectus or statement in lieu of Prospectus in my name and on my behalf.

THUS DONE and EXECUTED at _____ on _____

in the presence of the undersigned witnesses.

SIGNATURE OF GRANTOR: _____

SIGNATURE OF SPOUSE if in community of property

AS WITNESSES:

1. _____

2. _____

NURSING HOME			
	ROOM NUMBER		ZONE/AREA
	NAME & SURNAME		ID NUMBER
	MEDICAL AID SCHEME		MEDICAL AID NUMBER
NEXT OF KIN:	NAME		POSTAL ADDRESS
DAYTIME TEL (next of kin):			
CELL (next of kin):			
EMAIL (next of kin):			
START DATE:			
DATE:	PHARMACIST TO SUBSTITUTE WITH GENERIC WHERE AVAILABLE		SIGNATURE:
	Yes	No	
	I certify the above information is correct and give permission to the pharmacy to dispense medicine into blister packs for the above resident.		

IMPORTANT: Please contact us with queries or concerns. Fax completed form to 021 851 5260.

NOTE Additional information required:

- Copy of ID, valid prescription
- Copy of medical aid card and chronic authorisation if applicable
- Completed Treatment form

STATEMENT BY (PROSPECTIVE) RESIDENT

I, _____, ID number: _____
(Full name & Surname) (ID number)

hereby voluntarily declare the following:

The use of security cameras and the recorded material in the unit has been explained to me. I agree that older persons are being protected through the use of this equipment and that the record it provides will contribute factual evidence in times of dispute. I note that recorded material may be used as evidence.

Signed at _____ on _____ day of _____ 20____

Signature of Applicant: _____

1. Witness: _____

2. Witness: _____

Name: _____ Surname: _____

ID: _____ Unit: _____

UNDERTAKER TO BE CONTACTED IN THE EVENT OF YOUR DEATH

Name of Organisation: _____

Telephone Number: _____

WHO TAKES RESPONSIBILITY FOR YOUR FUNERAL ARRANGEMENTS

Name and Surname: _____

Telephone Number: _____

WHO IS RESPONSIBLE FOR THE PAYMENT OF YOUR FUNERAL

Name and Surname: _____

Telephone Number: _____

Do you have a paid up funeral policy? ☐ YES ☐ NO

I hereby absolve the Helderberg Society for of any responsibility regarding costs relating to funeral arrangements and payment in the event of my death.

Signed at _____ on _____ day of _____ 20____

Signature of Applicant: _____

1. Witness: _____

2. Witness: _____

This questionnaire is aimed at gaining insight into the life of each of our residents. It may be completed by the resident themselves, or with the help of a family member, friend or caregiver.

1. Name by which you want staff to call you: _____
2. When is your birthday? _____
3. Where were you born? _____
4. Where did you grow up? _____
5. Please tell me about your career: _____

6. Tell me about your childhood: _____

7. What games did you play as a child? _____

8. a. Your favourite holiday growing up: _____
 Were you a mischievous child? _____
 b. In what did you excel: _____
9. What work did you do as an adult? Did you enjoy it? _____
10. Tell me about your family/partner: _____
11. Children: _____
12. Grand children: _____
13. Animals/pets: _____
14. What were some of your hobbies and interests?

15. Current interests: _____

16. How do you spend your time now? _____

17. What is your normal day-to-day routine? _____

18. What are your qualities, strengths talents? _____

19. Things you admire, appreciate, enjoy: _____

PTO...

20. What dates that are important to you and why? _____

Describe your personality: (Shy, talkative, extrovert, introvert, peaceful, active, passive, perfectionist, moody, punctual, meticulous on hygiene, powerful, like to be alone):

21. Sad/difficult times in my life: _____

22. My religious affiliation: _____

23. You can best support me by: _____

24. What do you like:

To eat (name a few things): _____

To drink: _____

To do (leisure-time): _____

25. When you see me

Do: _____

Ask: _____

Respect: _____

26. Is there anything else we need to be aware of, e.g. bad eyesight, bad hearing, and bad balance?

27. Anything else you would like to share/Notes:

