



**WADDINGTON ALMSHOUSE  
APPLICATION FORM**

*Please read the Handbook for Residents before completing this form*

**PART A- BASIC DETAILS**

<b>Full Name of Applicant</b>				
<b>Current address (and previous address/es if lived at the current address for less than 5 years)</b>				
		<b>Post Code</b>		<b>Telephone</b>
<b>Status:</b>	<b>Widow</b>	<b>Spinster</b>	<b>Divorced</b>	
<b>Place of Birth</b>			<b>Date of Birth</b>	
<b>Religion</b>				
<b>Parish</b>			<b>Years as resident</b>	
<b>Next of kin</b>			<b>Relationship</b>	
<b>Address</b>				
	<b>Post Code</b>		<b>Telephone</b>	

**PART B - DOCTOR**

<b>Current Doctor</b>			
<b>Practice Address</b>			
	<b>Post Code</b>		<b>Telephone</b>

**PART C - REFERENCE**

Please give the name of a referee as to good character & suitability for accommodation at Waddington Hospital (NOT A RELATIVE)

<b>Name</b>			
	<b>Post Code</b>		<b>Telephone</b>

**PART D - FINANCIAL STATUS**

<b>Do you receive a State Retirement Pension?</b>	<b>Yes / No</b>
<b>Have you a pension from a previous employment?</b>	<b>Yes / No</b>
<b>Are you entitled to receive Housing Benefit?</b>	<b>Yes / No</b>
<b>Have you any other income?</b>	<b>Yes / No</b>

**PART E**

**CURRENT ACCOMMODATION**

<b>Do you own the property</b>	<b>Yes / No</b>
<b>Or give current rent</b>	<b>£                      per month</b>
<b>State: House/Flat/Bungalow/Lodgings</b>	

**IMPORTANT TERMS FOR APPLICANTS**

- IT IS ESSENTIAL THAT RESIDENTS ARE ABLE TO TAKE CARE OF THEMSELVES WHILST OCCUPYING AN ALMSHOUSE (Note clause 3 of the declaration below)
- IT IS ESSENTIAL THAT RESIDENTS HAVE A CURRENT BANK ACCOUNT FROM WHICH RENT PAYMENTS CAN BE MADE DIRECT TO JOHN PALLISTER, LAND AGENTS ON A MONTHLY STANDING ORDER
- BEFORE ACCEPTANCE BY THE TRUSTEES, APPLICANTS MUST BE APPROVED BY THE HOSPITAL DOCTOR, THE READER, AND THE WARDEN.

**DECLARATION**

1. I have read the Handbook for Residents, and I understand that this contains the principles of the Trust Deed, which residents agree to upon admission.

2. I understand that if I am appointed to an almshouse, I shall occupy it as a beneficiary of the Charity, as a licensee of the Trustees and not as a tenant. Any weekly sum I pay will be regarded as a maintenance contribution, and not a rent.
  
3. I understand that if, during residency, I become in need of more physical care than is currently provided by the service of our resident Warden by her daily visit and emergency on-site cover, it is required that I then obtain Social Services or private care and assistance in order to remain a resident of an Almshouse. The Warden can help arrange this by liaising with a family member or next of kin.  
If my health deteriorates to a point beyond being assisted in my own home, I agree to seek alternative accommodation with relatives or in a residential or care home.
  
4. I give permission for the Waddington Hospital Doctor to have access to my medical records and I understand that I am required to register with him, or one of the Doctors at The Clitheroe Health Centre in case a Doctor is needed to attend in emergency circumstances.

Signed ..... Date.....

Please return the completed form to the Clerk to the Trustees: Mrs. C. Turner, The Wardens House, West Bradford Road, Waddington, near Clitheroe, BB7 3JB

### **ELIGIBILITY AND APPLICATION PROCEDURE**

1. The Trustees of Waddington Hospital Almshouse meet quarterly in March, June, September and December. At these Meetings, the filling of any vacancies is discussed
  
2. Applications for an Almshouse will be limited, in the first instance, to widows who have lived for at least five years, in the parishes specified in the Trust Deed.
  
3. Priority is given to those whose circumstances, through age, declining health, or infirmity, would benefit from living in a smaller residence with communal facilities and the support of a resident warden.
  
4. If vacancies should remain unfilled, consideration would be given to applicants from other parishes.
  
5. Selection will be made in accordance with the Trust Deed, the principles of which are embodied in the Handbook for Residents.
  
6. Local Authorities are invited to nominate suitably qualified applicants.
  
7. Since residents at the Hospital are part of an integrated community, the Trustees reserve the right to make the final decision as to the suitability of any applicant.
  
8. The age on entry to the Hospital will normally be from 65 years of age (at the Trustees' discretion in particular circumstances).

- 9. Applicants over the age of 80 will be considered but admission would be dependent on such things as mobility, ability for self care, and general suitability as assessed by the Warden, Hospital Doctor, and Reader.**
- 10. Residents must be capable of living independently but support is provided through the resident Warden, the Reader, and a gardener/handyman, and other residents as good neighbours.**
- 11. It is desirable that the Residents' families continue to give such support as they would give in standard housing.**
- 12. A Maintenance Contribution towards the cost of maintaining the Hospital, approved by the Charity Commissioners, is required from residents which is in effect the monthly rent payment which must be paid monthly from your current bank account by standing order to the Land Agent.**
- 13. Applicants will be interviewed by the Warden, Reader and by the Hospital Doctor, before a cottage is offered.**