



Enquiry Form

Register your interest for Braeside House. We will contact you to discuss how our care home can help your relative.

Date	
Your name	
Enquiry on behalf of	
Your relationship to them	
Applicant date of birth	
Home address of applicant	
Current address if different from above If in hospital direct dial number of ward	
What is the applicants vision impairment?	
Please indicate when you would be looking for admission	
Contact details for social or health staff. Please include a direct telephone number	
Next of kin: Name	
Next of kin: Address	
Next of kin: Phone	
Next of kin: Email	
Next of kin: Relationship to applicant	
Power of Attorney (POA) Please provide a copy of POA on admission	Is POA in place Yes: No: If yes, is it for: Financial: Welfare: Both: If yes, who holds POA
Funding	Self- Funding: Social Work Funding: Don't know:



Please provide any further relevant information about the applicant.	
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How did you hear about us?	
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FOR ADMIN USE

Date	
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Update	
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Please return this form to:

email: enquiries.braeside@royalblind.org

Or post it to:

Serena Allan
Manager - Braeside House

81 Liberton Brae
Edinburgh
EH16 6LE

Data Protection

We record and use personal information to:

- Provide education, care and support for our service users
- Assess the quality of our services
- Provide information about relevant services.

We will not disclose personal information to any third party without consent, except to (i) healthcare professionals and organisations involved in the provision of care when required and (ii) exceptionally, to professional bodies or otherwise as required by law, regulation, codes of practice or our policies.

To keep informed about our charity's services, fundraising and events:

Tick here to receive Royal Blind news by post.

Tick here to receive Royal Blind news by email.

To change your communications preferences at any time in future please contact us at privacy@royalblind.org

Read our privacy policy at www.royalblind.org/cookies-privacy