



## Registration Form

Date	
Applicant's name	
Date of birth	
Home address	
Present address if different from above If in hospital direct dial no. of ward	
Next of Kin Please provide address, telephone number and email address	
Relationship	
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
Current GP's name, address and telephone number	If the GP is out of the local area please confirm that you would be happy to change to local practice Yes: No:
Contact details for Social Work or Health staff Please include a direct tel. number	



Funding	Self- Funding: Social Work Funding: Don't know:
Reason for admission (e.g. own choice, unable to go home, falls risk)	
Visual Problem	
Registered blind or partially sighted?	Yes: No: If yes – date of registration
Medical problems	
Please indicate when you would be looking for admission	2 October: Later date (please specify): Don't know:
How did you find out about Jenny's Well?	Signage on site: Word of mouth: Radio: GP surgery: Door drop leaflet: Brochure: Website: Social media: Google search: Advert: Other (please specify):

**FOR ADMIN USE**

Date	
Update	

**Please return this form to:**

Morag Francis  
Older People's Services Manager

Royal Blind  
50 Gillespie Crescent  
Edinburgh EH10 4JB

Or email it to [enquiries.jennyswell@royalblind.org](mailto:enquiries.jennyswell@royalblind.org)