



Nazareth Care Australasia

NAZARETH CARE CHARITABLE TRUST

ENQUIRY AND EXPRESSION OF INTEREST

NAZARETH CARE CHARITABLE TRUST

ACCOMMODATION TYPE

- Rest Home Care Respite Rest Home
 Hospital Care Respite Hospital
 End Of Life

ACCOMMODATION REQUIRED

- Immediately Within a Week
 Within a Month Future

DISCOVERY

- Word of Mouth Hospital Local Church
 District Health Board NASC Social Worker
 Nazareth Care Website Local Neighbourhood Home Care
 Nazareth Care Local Advertising Eldernet General Practitioner
 Nazareth Care (Independent Living Unit) Other: _____

RESIDENT INFORMATION

Title		Given Name		Surname	
Date of Birth		NHI Number			
Resident Telephone		Resident Email			
Current Address					



Nazareth Care Australasia

NAZARETH CARE CHARITABLE TRUST ENQUIRY AND EXPRESSION OF INTEREST

DISTRICT HEALTH BOARD ASSESSMENT INFORMATION

Has a needs assessment taken place for the prospective resident?

*Yes

**No

*If **Yes**, please provide the name and contact details of the NASC (Needs Assessment and Service Coordination) below.

If **No, please contact your local DHB (District Health Board) to arrange an assessment.

Name of your local NASC

Contact Number of your NASC

What is the Level of Care

Date Approved

RESIDENT CURRENT LOCATION

Living at Home

Nazareth Independent Living Unit

Unit Address _____

Hospital

Name of Establishment _____

Date of Expected Discharge _____

Another Aged Care Facility

Facility Name _____

Date of Expected Discharge _____

Other _____



Nazareth Care Australasia

NAZARETH CARE CHARITABLE TRUST ENQUIRY AND EXPRESSION OF INTEREST

CONTACT FOR THIS ENQUIRY

Title		Given Name		Surname	
Contact Number					
Email					
Relationship to Resident					
Signature				Date	

CONTACT US

Please return this form:

P: Nazareth Care Charitable Trust
220 Brougham Street
Sydenham
CHRISTCHURCH NEW ZEALAND 8240

E: admin.christchurch@nazarethcare.com

T: +64 3 374 1900