

Application Form for a Village Unit

Aim

It is the aim of Outlook Christian Living to ensure the physical, emotional, spiritual and social well-being of the residents of our villages. The retirement villages were established to meet specifically the needs of the aged and ageing people and to do so in a Christian atmosphere of love and care and whereby they can expect that their individuality and dignity will be respected.

Philosophy

We believe that the Bible as the Word of God is authoritative for all of life. The Bible reveals that man is created in the image of God and we believe that, therefore, each person is a unique individual with his or her spiritual, physical, emotional and social needs.

Privacy Information

Outlook Christian Living is collecting the information on this form for the purpose of processing your application for residency in our Independent Living Units.

The information collected on this form will not be disclosed to any individual or organisation without your consent.

If you would like to know more about privacy at any of our retirement villages, including your right to seek access to any of the information collected on this form then you may contact the CEO on 9795 7566.



(Please PRINT Clearly)

This application is for	
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Single

Couple

This application is for a unit at		Tick	
Ebenezer Village	10 Warrandyte Rd, Langwarrin 3910		
	All 2 Bedroom Units		
Olive Gardens	 35 Olive Road, Eumemmerring 3177 One Bedroom Unit Two Bedroom Unit 		
Outlook Gardens	 237 Outlook Drive, Dandenong North 3175 One Bedroom Unit Two Bedroom Unit 		
If seeking a unit at any one of our villages, please tick all those of interest			
When do you think you would be ready to move in?			

Personal Details – First Resident

Surname			
First Names			
Preferred Nam			
Date of Birth	Place of Birth		
Languages Spoken			
Address		Postcode	
Phone No			
Email Address			

Personal Details – Second Resident

Surname	
First Names	
Preferred Name	
Date of Birth	Place of Birth
Languages Spoken	
Phone No	



Are you a member of a church	□ Yes □ No
If yes, which denomination	
Minister's Name	
Phone No	

Are you a member of the Association for	🗆 Yes	🗆 No	
Christian Citizen's Homes			
If no, would you like to become a member of	🗆 Yes	🗆 No	
the Association for Christian Senior Citizens			
Homes?			

Next of Kin

First Contact			
Name			
Address			
Phone		Mobile Phone	
Email			
Relationship	(Son/daughter etc.)		

Second Contact

Name			
Address			
Phone		Mobile Phone	
Email			
Relationship	(Son/daughter etc.)		

Health – First Resident

Are you receiving any long term medical treatment?	🗆 Yes 🛛 No
Details	
Any previous major illness?	
Do you use a walking aid?	🗆 Yes 🛛 No
Are you able to care for yourself without supervision of assistance?	🗆 Yes 🛛 No
Do you have additional private health cover?	🗆 Yes 🛛 No
If yes please give details	



Health – Second Resident

Are you receiving any long term medical treatment?	□ Yes □ No
Details	
Any previous major illness?	
Do you use a walking aid?	🗆 Yes 🛛 No
Are you able to care for yourself without supervision of assistance?	🗆 Yes 🛛 No
Do you have additional private health cover?	□ Yes □ No
If yes please give details	

I hereby certify that to the best of my knowledge the foregoing is true and correct. I promise, if I am accepted, to contribute to the caring, Christian lifestyle of the village.

Signature	Date	

Please return this form to

Outlook Christian Living 504 Police Road Dandenong North Vic 3175

Please keep us informed of all major changes affecting this application