



# 澳華療養院基金

## Australian Nursing Home Foundation

58 Weldon Street, Burwood, NSW 2134  
Tel: (02)8741 0218 Fax: (02) 9747 1637

周藻洋療養院  
Chow Cho-Poon Nursing Home  
113-115 Homer Street, Earlwood 2206  
Tel: (02) 9559 4088

錢梁秀容療養院  
Lucy Chieng Aged Care Centre  
8-14 Romani Avenue, Hurstville 2220  
Tel: (02) 8558 8088

陳秉達療養院  
Bernard Chan Nursing Home  
58 Weldon Street, Burwood 2134  
Tel: (02) 9744 1287

### ADMISSION FORM 入院登記表

#### Date of Application 申請日期:

Mr.先生 <input type="checkbox"/> Mrs.太太 <input type="checkbox"/> Madam女士 <input type="checkbox"/>			
Family Name 姓		First Names 名	
Chinese Name 中文姓名			
Address 地址			
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Suburb 地區		Post Code 郵區號碼	Phone 電話
Date of Birth 出生日期		Age 年齡	Place of Birth 出生地點
Year in Australia 居澳年期		Pension Types 福利金	Special Benefit 特別補助 <input type="checkbox"/>
		Age 老年 <input type="checkbox"/>	Widow 寡婦 <input type="checkbox"/>
		Overseas 外國福利金 <input type="checkbox"/>	Non-Pensioner 非福利金領受者 <input type="checkbox"/>
Next of Kin 親屬 (Name 姓名)			Relationship 關係
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Address 地址			
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Suburb 地區		Post Code 郵區號碼	Phone 電話
Referred By 介紹人		Agency 組織	Contact Phone No 聯絡電話
Language Spoken at Home 語言			Religion 宗教
Social History 個人情況 _____			
Medical History 身體情況 _____			
Family Doctor 家庭醫生			Phone 電話
Address 地址			
ACAT Approval Form 3020 入住療養院申請表		Date of Approval 批准日期	High Level Residential 療養院護理 <input type="checkbox"/>
			Low Level Residential 高齡宿舍護理 <input type="checkbox"/>

**Preference in Placement** ( please name the facility of your choice, if more than one , please mark down in the order of your preference) 療養院選擇 - 請在下面填寫所選入住的療養院, 若超過一間, 請順序例出:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

**Remarks 備註** : Please note that your application will be put back to the end of our waiting list when an offer of bed in a facility of your choice is declined. Priority will be allocated to applicant who is prepared to accept placement in any of the above mentioned facilities. 但凡申請人獲分配入住院舍後而推卻了入住機會的話, 他立即會要再從新輪候. 又申請人若不拘入住任何院舍, 他將會有優先入住的機會

Acknowledgment sent

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Entered By:

