



# ANHf

AUSTRALIAN NURSING HOME FOUNDATION

## 澳華療養院基金

Culturally Appropriate Aged Care Since 1980

60 Weldon Street  
Burwood NSW 2134

(02) 8741 0218 T

(02) 9747 1637 F

info@anhf.org.au E

www.anhf.org.au

### Application for Admission (Residential Care) 入住療養院申請

**Applicant's Last Name:**

**First Name:**

申請人中文姓名:

**FOR OFFICE USE**

Date form received:

Ref No:

In order to help us to review your application and determine if our homes can meet your personal needs, please do the following steps:

- ☐ Complete this application form (RS6005);
- ☐ Complete Nomination of Authority & Contact Details form (RS6009) and
- ☐ submit both forms together with related supporting documents.

為了幫助我們審查您的申請,並確定我們的療養院服務能滿足您的個人需求,請按照以下步驟:

- ☐ 填寫此申請表格(RS6005)
- ☐ 填寫提名授權和聯繫方式表格(RS6009),
- ☐ 連同相關支持文件一起提交。



### How do I submit my application?

Please send your completed application to 60 Weldon Street, Burwood NSW 2134 or email to [applications@anhf.org.au](mailto:applications@anhf.org.au)

### What happens next?

We will contact you to acknowledge receipt of your application. Our team will call you to discuss your application. If the nursing home you selected is able to meet your needs but does not have an appropriate bed available, we will place your application on a waiting list. Please do not hesitate to contact us on (02) 9784 0863 if you have any questions.

### 如何提交申請？

- 完成申請表後，請交回 60 Weldon Street, Burwood NSW 2134 或發送電子郵件至 [applications@anhf.org.au](mailto:applications@anhf.org.au)

### 接下來發生什麼？

- 我們將與您聯繫以確認收到您的申請。
- 我們的團隊會打電話給您討論您的申請。
- 如果您選擇的療養院能夠滿足您的需求，但該沒有合適的床位，您的申請將被列入候補名單。
- 如果您有任何問題，請隨時與我們聯繫: (02) 9784 0863 或發送電子郵件至 [applications@anhf.org.au](mailto:applications@anhf.org.au)

**Application Date:**

申請日期：

**Part A Which facilities are you interested in?**

您對哪間療養院感興趣？

1. Bernard Chan Nursing Home 陳秉達療養院 (Burwood) ☐

2. Chow Cho-Poon Nursing Home 周藻泮療養院(Earlwood) ☐

3. Huang Ying Jung Nursing Home 黃應榮療養院(Gordon) ☐

4. Lucy Chieng Aged Care Centre 錢梁秀容療養院(Hurstville) ☐

Please list all nursing homes in order of preference of your choice, e.g. 3,1, 2

請按您選擇的優先順序列出所有療養院，例如 3, 1, 2, 4

**Part B: About applicant: your personal information**

關於申請人：您的個人信息

Mr 先生 ☐ Mrs 太太 ☐ Ms 女士 ☐

Gender 性別 Male 男 ☐ Female 女 ☐

Family Name  
姓

First Names  
名

Chinese Name  
中文姓名

Date of Birth  
出生日期

Religion  
宗教

Place of Birth  
出生地點

Language  
語言

Address 地址

Suburb 地區

Postcode 郵區編碼

Home Phone 家居電話

Mobile Phone 手提電話

Email 電郵地址

Referred by 介紹人



<b>Name of Person Responsible for Care 護理負責人</b>  Last Name:  First Name:  中文姓名:	<b>Relationship of the Person Responsible for Care to the Applicant 護理負責人與申請人的關係</b>  <input type="checkbox"/> Father 父親 <input type="checkbox"/> Mother 母親 <input type="checkbox"/> Husband 丈夫 <input type="checkbox"/> Wife 妻子 <input type="checkbox"/> Daughter 女兒 <input type="checkbox"/> Son 兒子 <input type="checkbox"/> Relative 親戚 <input type="checkbox"/> Other: _____
<b>Mobile Phone 手提電話</b>	<b>Preferred Contact Person 首選聯絡人:</b> <input type="checkbox"/> Applicant 申請人 <input type="checkbox"/> Person responsible for care 護理負責人
<b>Respite Care 暫息護理</b> <input type="checkbox"/> <b>Respite Care Referral Code 暫息護理推薦碼</b>  Please attach a copy of your assessment – ACCR assessment/Support Plan 請附上您的老年護理全面評估/支持計劃	<b>Permanent Care 永久療養院護理</b> <input type="checkbox"/> <b>Permanent Residential Care referral code 永久療養院護理推薦碼</b>  Please attach a copy of your assessment – ACCR assessment/Support Plan 請附上您的老年護理全面評估/支持計劃

### Part C: Your aged care history 您的老年護理歷史

1. Have you ever been a permanent resident in an aged care facility?

您曾經是其他療養院的永久居民嗎?

☐ Yes 是 Name of previous provider 之前療養院名稱 \_\_\_\_\_

☐ No 否

2. Are you currently living in another aged care facility?

您目前在另一間療養院住嗎? ☐ Yes 是 ☐ No 否

Name of provider 療養院名稱 \_\_\_\_\_

Date of admission 入住日期 \_\_\_\_\_

3. You currently live with 您目前是和誰一起住?

☐ spouse/partner 配偶 ☐ dependent child 受撫養子女 ☐ family 家人

☐ friends 朋友 ☐ by yourself 獨居

4. What is your current type of accommodation 您目前的住宿類型?

☐ Full owned private accommodation 全部擁有的私人住宿

☐ Partly owned private accommodation 部分擁有的私人住宿

☐ Private accommodation owned by family/friend/other

家人/朋友/其他人擁有的私人住所

☐ Rented property 租屋

☐ Retirement village 安老社區

☐ Hospital 醫院

☐ Others 其他 \_\_\_\_\_



5. Are you currently receiving home care services?

您目前正在接受家居護理服務嗎？

☐ No 否

☐ Yes 是

If Yes, is it provided by ANHF Home Care Service

如果是, 是否由澳華養老提供嗎？

☐ No 否

☐ Yes 是

If your service is not provided by ANHF, please list the provider's name: 如您的服務不是由澳華養老提供, 請列出提供者的名稱: \_\_\_\_\_

Please tick the services you are receiving 請勾選您正在接受的家居護理服務

☐ Home Care Package 家居護理配套服務

☐ Commonwealth Home Support Program (e.g. Seniors Wellness Centres or Domestic Assistance) 聯邦家居支援服務 (如: 長者活動中心, 家居支援)

6. Is your Spouse/Partner Applying at the same time 您的配偶/伴侶是否同時申請?  
(a separate application form is required for each individual) 每個人都需要單獨申請

☐ No 否 ☐ Yes 是

Spouse/Partner Name 配偶/伴侶姓名: \_\_\_\_\_

Please provide his/her Reference Code if known 如果知道請提供他/她的參考代碼

For example 如: XX/XX (M) \_\_\_\_\_

7. Does your spouse/partner already reside in our aged care facility?

您的配偶/伴侶是否已經居住在我們的療養院? ☐ No 否 ☐ Yes 是

(Please state the facility name 請提供療養院的名稱: \_\_\_\_\_)

**Part D: Financial Details 財政資料**

Financial Status 財政狀況

☐ Full Pensioner 全福利金領受者 ☐ Part Pensioner 半福利金領受者

☐ Self-funded Retiree (non-Pensioner) 自費退休人士(非福利金領受者)

If you are a full /part pensioner, please tick below: 如是全/半福利金領受者, 請在下面勾選:

☐ Centrelink – Services Australia 澳大利亞民政部

☐ DVA (non-means tested) 非入息審查

☐ DVA (means tested) 入息審查

☐ Overseas 外國福利金

Please provide a copy of your [Income and Assets Determination letter from Service Australia](#) that is issued within 3 months before admission to assist us working out your accommodation costs and fee. 請您提供一份在入院前 3 個月內由澳大利亞民政部簽發的收入和資產確定函的副本, 以便我們幫助您計算住宿費用。

If you are a self-funded retiree (non-pensioner), please indicate if you will undertake the [Means-test assessment with Services Australia](#): 如果您是自費退休人士(非福利金領受者), 請說明您是否願意接受澳大利亞民政部的經濟狀況調查評估。

☐ Yes 是

☐ No 否

If you won't, you will be required to complete a means-non-disclosed statement. 如果您不這樣做, 您將需要填寫一份將不會披露經濟狀況的聲明。

Please refer to Services Australia website for details: 詳情請參閱澳大利亞民政部網站 <https://www.servicesaustralia.gov.au/residential-aged-care-means-assessment?context=23391>







## Part G ANHF Privacy Policy 澳華療養院基金私隱政策

We respect and maintain the privacy and confidentiality of our staff, volunteers, applicants, care recipients and tenants. This includes privacy and confidentiality of their personal and sensitive information, of their person and of their environment and belongings.

We also maintain the privacy and confidentiality of carers, authorised representatives, and visitors to our organisation and service sites.

We comply with all privacy related laws, regulations and the Australian Privacy Principles (APPs). We will take all reasonable steps to protect the personal information we hold from misuse and loss, and from unauthorised access, modification or disclosure.

We will only collect information directly from you with your consent. Your personal information will be managed authorised staff and personnel of ANHF. Your information is stored in a password protected database and will not be provided to any 3<sup>rd</sup> parties other than health services providers consent by you. If you would like to learn more on how we collect, keep and safeguard your information, please contact us in writing.

We would like to remind you to avoid sharing your personal information on the phone or by email, unless you are certain that the person contacting you is an ANHF staff with genuine and legitimate intention. When in doubt, please contact us for verification.

The Australian Competition and Consumer Commission provides useful information on how to protect yourself against scams on their SCAMwatch site <https://www.scamwatch.gov.au/>.

基金尊重及保障員工、義工、申請人士、護理對象及租客之私隱及保密權利，包括個人敏感資料、個人情況、個人環境及個人財物。

基金亦保障機構範圍及服務地點內之照顧者、獲授權人士及訪客之私隱及保密權利。

基金依循所有與私隱有關之法例、規章及「澳洲私隱綱領」（Australian Privacy Principles）之法則，亦採取所有合理步驟保障基金儲存之個人資料不被濫用或遺失，也不在未經授權下被取得、修改或透露。

本機構只在你同意下才會收集你的個人資料，所有資料由獲授權職員或人士處理，並儲存於必須經密碼開啓之數據庫內，絕不向第三者透露。若需透露予醫護人員，亦須經你事先同意。若要進一步了解基金如何收集、儲存及保障你的個人資料，請書面知會本機構。

謹提醒各位：除肯定與你接觸之人士為有真確及合法意向之澳華療養院基金職員外，應避免使用電話或電郵發送個人資料。若有任何懷疑，請聯絡本機構查證。

請參看「澳洲商業競爭及消費者專署」（Australian Competition and Consumer Commission）網址 SCAMwatch 網址 <https://www.scamwatch.gov.au/>

（中文僅供參考）



**Part H Applicant Signature 申請人簽名**

Signature 簽名

Date 日期

Or 或

If the applicant is unable to sign, the signature that appears below must be the same person who was listed as the person responsible for care on form RS6009 Nomination of Authority & Contact Details. A copy of such authorisation must be provided.

如果申請人無法簽名，護理負責人（即為表格[RS6009 委托及授權人聯絡資料]列為護理負責人的同一人）可以代簽，同時必須提供授權副本。

Name (Authorised Person):

姓名（授權人）：

Relationship/Authority 關係/權限

☐ Guardian / NSW Public Trustee & Guardian\* 監護人 / 新州公共信託人及監護人專署\*

**\*please supply a copy of Enduring Guardianship documentation**

**\*請提供一份持久監護人委託文件**

☐ Spouse or De facto Spouse  
配偶或同居伴侶

☐ Unpaid Carer 無薪照顧者

☐ Relative – please specify relationship  
親屬 – 請註明關係

\_\_\_\_\_  
☐ Friend 朋友

Signature (Authorised Person):

簽名（授權人）：

Date:

日期：





## RS6009 – Nomination of Authority & Contact Details (E&C)\_V2.0

<b>Facility:</b>		<b>Wing / Room Number:</b>	
<b>Resident's First Name:</b>		<b>Family Name:</b>	
<b>Resident's Name in Chinese:</b>		<b>Preferred Name:</b>	
<b>This nomination form is effective from:</b>	From _____ To _____ or <input type="checkbox"/> Until further Notice		
<input type="checkbox"/> <b>New Authority</b> (Complete all sections)	<input type="checkbox"/> <b>Amended Authority</b> (Complete Page 1 of this form; and any sections that have changed.)		
<b>Description of Authorities</b>			
<p><b><u>Power of Attorney</u></b></p> <p>A Power of Attorney is a legal document allowing another person or agent to act on your behalf in matters to do with money, bank accounts, shares, real estate and other assets.</p> <p>A person or agent with Power of Attorney is only authorised to act in relation to financial matters. They are not authorised to make personal decisions (including medical decisions) on your behalf. In NSW there are two types of Powers of Attorney:</p> <p><b>1. General Power of Attorney (also called an Ordinary Power of Attorney)</b></p> <p>A general (or ordinary) power of attorney is appointed for a specific period of time, e.g. during the time of an overseas holiday. If you appoint a General Power of Attorney and then lose mental capacity at a later stage the appointment will no longer be valid.</p> <p><b>2. Enduring Power of Attorney</b></p> <p>An Enduring Power of Attorney is a legal document through which you can appoint a person to make decisions about your property or financial affairs. This can include spending and managing your money, buying or selling shares or buying, selling, leasing or mortgaging your house or other real estate. It remains in force after a person has lost mental capacity.</p> <p><b><u>Enduring Guardianship</u></b></p> <p>An Enduring Guardian is someone you legally appoint to make personal or lifestyle decisions for you when you are not capable of doing this for yourself. You choose which decisions you want your Enduring Guardian to make which may include where you should live and what medical treatment and services you should receive.</p> <p><b><u>NSW Trustee &amp; Guardian</u></b></p> <p>NSW Trustee &amp; Guardian supports the people of NSW in planning for their future legal, health and financial decisions. The agency can also be appointed as a person's financial manager and/or guardian by a court or tribunal.</p>			
<b>Confidentiality Information</b>			
<p>ANHF complies with the standards set out in the National Privacy Principles as defined in the Privacy Amendment (Private Sector) Act 2000. Therefore, we will only collect personal information if it is required to enable us to provide accommodation and care for our residents. We will only use or disclose information for the purpose for which it was collected and in ways that you would reasonably expect, unless you consent to it being used or disclosed in another way. We will not use the information for direct marketing purposes, nor disclose it to others for direct marketing purposes. We will take all reasonable steps to protect the personal information we hold from misuse and loss, and from unauthorised access, modification and disclosure. Full details of our Privacy Policy can be found in <a href="https://www.anhf.org.au/contact-us/privacy-policy/">https://www.anhf.org.au/contact-us/privacy-policy/</a></p>			
<input type="checkbox"/> I agree to authorise the following person(s) to represent me in managing the different aspects of my affairs while I am residing in the residential aged care facility.			
<b>Resident's Signature:</b>		<b>Date:</b>	
<b>OR</b>			
<b>Resident's Person Responsible for Care (refer to authority and evidence provided below in Person Responsible for Care):</b>			<b>Date:</b>



**Please ensure each authority is signed by the authorised person who accepts his/her responsibility.**

### **A. Person Responsible for Care – Primary Contact**

*This is the person we will contact for care issues and incidents notifications. Except in an emergency, this person will give consent for medical and dental treatment if the resident does not have the capacity to consent.*

**Note:** If a valid Advance Care Directive has been provided it will be used first to determine treatment.

#### **Who Can Be A Person Responsible**

*It is not necessarily your closest relative and the term **Next of Kin** has no legal standing. A **Person Responsible** under the NSW Guardianship Act 1987 is ranked in the following orders:*

- A legally appointed Guardian (which includes Enduring Guardian or NSW Public Trustee & Guardian appointed by you – see **Description of Authorities**).
- If there is no guardian, a spouse or de-facto spouse with whom you have a close continuing relationship (includes same sex partners).
- If there is no spouse or de facto spouse an unpaid carer who is now providing support or provided support before you entered residential care.
- If there is no unpaid carer a relative or friend who has a close and continuing personal relationship with you.

First Name:		Family Name:	
Or Organisation:			
Address Line 1:			
Address Line 2:			
Suburb:		Postcode:	
Phone:		Mobile:	
Email:			
Description of Person Responsible: Please tick appropriate box(s)	<input type="checkbox"/> Guardian / NSW Public Trustee & Guardian – please supply a copy of Enduring Guardianship documentation <input type="checkbox"/> Spouse or De facto Spouse <input type="checkbox"/> Unpaid Carer <input type="checkbox"/> Relative – please specify relationship _____ <input type="checkbox"/> Friend		
I agree to accept responsibility as a Person Responsible for Care		Date:	
Signature:			
Other Remarks:			
<input type="checkbox"/> Tick this box if there is more than 1 person responsible for Care and complete the next section. <input type="checkbox"/> Tick this box if the person responsible for Care requires support for languages other than English. If so, please specify the language required for spoken / written _____			

### **B. Additional Care Contact – This person will only be contacted for incident notifications or consent for medical and dental treatment if (1) the primary person responsible for Care is unavailable AND (2) if the resident does not have the capacity to consent.**

First Name:		Family Name:	
Or Organisation:			
Address Line 1:			
Address Line 2:			
Suburb:		Postcode:	
Phone:		Mobile:	
Email:			
Description of Person Responsible: Please tick appropriate box(s)	<input type="checkbox"/> Guardian / NSW Public Trustee & Guardian – please supply a copy of Enduring Guardianship documentation <input type="checkbox"/> Spouse or De facto Spouse <input type="checkbox"/> Unpaid Carer <input type="checkbox"/> Relative – please specify relationship _____ <input type="checkbox"/> Friend		
I agree to accept responsibility as a Person Responsible for Care		Date:	
Signature:			
Other Remarks:			
<input type="checkbox"/> Tick this box if the person responsible for Care requires support for languages other than English. If so, please specify the language required for spoken / written _____			



<b>C. Person Responsible for Finances – Primary Contact</b>			
This is the person we will contact and to whom we will send all correspondence and consents relating to financial matters, including fees, RADs and monthly statements. All financial matters should be referred to:- <input type="checkbox"/> Myself (the Resident) <b>OR</b> <input type="checkbox"/> My Representative (below)			
First Name:		Family Name:	
Or Organisation:			
Address Line 1:			
Address Line 2:			
Suburb:		Postcode:	
Phone:		Mobile:	
Email:			
Type of Authority Held: (Refer to <b>Description of Authorities</b> on Page 1 of this form).	Please tick appropriate box(s) and attach a copy of evidence if relevant. See <b>Description of Authorities</b> for more information. <input type="checkbox"/> General Power of Attorney (Not valid if the resident has lost capacity) <input type="checkbox"/> Enduring Power of Attorney (Remains in force if the resident has lost Capacity) <input type="checkbox"/> NSW Public Trustee & Guardian <input type="checkbox"/> Relative – please specify relationship _____		
I agree to accept responsibility as a Person Responsible for Finances Signature:			Date:
Other Remarks:			
<input type="checkbox"/> Tick this box if there is more than 1 person responsible for Finances and complete the next section. <input type="checkbox"/> Tick this box if the person responsible for Finance requires support for languages other than English. If so, please specify the language required for spoken / written _____.			

<b>D. Additional Finances Contact – This person will only be contacted for consent for financial matters/consents if (1) the primary person responsible for Care is unavailable AND (2) if the resident does not have the capacity to consent.</b>			
First Name:		Family Name:	
Or Organisation:			
Address Line 1:			
Address Line 2:			
Suburb:		Postcode:	
Phone:		Mobile:	
Email:			
Type of Authority Held: (Refer to <b>Description of Authorities</b> on Page 1 of this form).	Please tick appropriate box(s) and attach a copy of evidence if relevant. See <b>Description of Authorities</b> for more information. <input type="checkbox"/> General Power of Attorney (Not valid if the resident has lost capacity) <input type="checkbox"/> Enduring Power of Attorney (Remains in force if the resident has lost Capacity) <input type="checkbox"/> NSW Public Trustee & Guardian <input type="checkbox"/> Relative – please specify relationship _____		
I agree to accept responsibility as a Person Responsible for Finances Signature:			Date:
Other Remarks:			
<input type="checkbox"/> Tick this box if the person responsible for Finance requires support for languages other than English. If so, please specify the language required for spoken / written _____.			



**E. Other Interested Parties / Advocates**

List below any other people or organisations who may have an interest in your affairs.

**Contact / Advocate 1**

First Name:		Family Name:	
Or Organisation:			
Address Line 1:			
Address Line 2:			
Suburb:		Postcode:	
Phone:		Mobile:	
Email:			
Type of Authority Held: (Refer to <b>Description of Authorities</b> on Page 1 of this form).	Please tick appropriate box(s) and attach a copy of evidence if relevant. See <b>Description of Authorities</b> for more information. <input type="checkbox"/> General Power of Attorney. (Not valid if the resident has lost capacity) <input type="checkbox"/> Enduring Power of Attorney (Remains in force if the resident has lost Capacity) <input type="checkbox"/> Enduring Guardianship (Remains in force if the resident has lost Capacity) <input type="checkbox"/> NSW Public Trustee & Guardian <input type="checkbox"/> Relative – please specify relationship		
I agree to be a contact / an advocate for the resident. Signature:		Date:	
Other Remarks:			

**Contact / Advocate 2**

First Name:		Family Name:	
Or Organisation:			
Address Line 1:			
Address Line 2:			
Suburb:		Postcode:	
Phone:		Mobile:	
Email:			
Type of Authority Held: (Refer to <b>Description of Authorities</b> on Page 1 of this form).	Please tick one or more of the followings as appropriate and attach a copy. See <b>Description of Authorities</b> for more information. <input type="checkbox"/> General Power of Attorney. (Not valid if the resident has lost capacity) <input type="checkbox"/> Enduring Power of Attorney (Remains in force if the resident has lost Capacity) <input type="checkbox"/> Enduring Guardianship (Remains in force if the resident has lost Capacity) <input type="checkbox"/> NSW Public Trustee & Guardian <input type="checkbox"/> Relative – please specify relationship		
I agree to be a contact / an advocate for the resident. Signature:		Date:	
Other Remarks:			

**F. Mailing Contact**

I would like all my mails, EXCEPT ANHF financial documents, sent to:- ☐ Myself (the Resident) **OR** ☐ My Representative  
 If your representative is the same as the **Person Responsible for Care** or the **Person Responsible for Finances** please indicate here

- ☐ Person Responsible for Care – Primary Contact      ☐ Person Responsible for Finances – Primary Contact  
☐ Person Responsible for Care – Additional Contact      ☐ Person Responsible for Finances – Additional Contact

**If none of the above, please add contact details below**

First Name:		Family Name:	
Or Organisation:			
Address Line 1:			
Address Line 2:			
Suburb:		Postcode:	
Phone:		Mobile:	
Email:			

**OFFICE USE:** ☐ Updated in Finance on \_\_\_\_\_ By \_\_\_\_\_ ☐ Updated in PCS on \_\_\_\_\_ By \_\_\_\_\_



## RS6009 — 委託受權人及聯絡資料

院舍：		翼樓 / 房間號碼：	
名 (First Name)：		姓 (Family Name)：	
院友中文名字：		選擇稱謂：	
本委任表格生效日期：	自 _____ 至 _____ 或 <input type="checkbox"/> 直至另行通知		
<input type="checkbox"/> 委託新受權人 (填寫所有項目)	<input type="checkbox"/> 更改受權人 (填寫本表格第一頁及其他任何須更改的部分)		
<b>授權簡介</b>			
<p><b>授權書 Power of Attorney</b></p> <p>授權書是一份准予另一位人士或代理機構代表你在金錢、銀行賬目、股票、物業及其他資產等事宜上代行的法律文件。</p> <p>持有授權書的人士或代理機構只獲授權代為處理財務事宜，不獲授權你作出個人決定（包括醫療決定）。新州有兩種授權書：</p> <ol style="list-style-type: none"> <li><b>一般授權書 (General Power of Attorney, 又稱 Ordinary Power of Attorney)</b> 一般授權書只委託一段指定時間，例如在海外旅行期間。若你選擇一般授權書但其後失去理解常理的能力，這委託便不再生效。</li> <li><b>持久授權書 (Enduring Power of Attorney)</b> 持久授權書是一份容許你委託一位人士代你決定物業或財務事宜的法律文件，可以包括使用及處理你的金錢、購買或出售股票、租出或按押你的房屋或其他物業。持久授權書在委託人失去理解常理的能力後仍然生效。</li> </ol> <p><b>持久監護人 Enduring Guardianship</b></p> <p>持久監護人是一位經你合法委託的人士，在你沒有能力自行作出決定時代你作出個人或生活上的決定。你可以要求你的持久監護人作出那些決定，例如你要居住在那裏和想要那些醫療及服務。</p> <p><b>新州信託人及監護人專署 NSW Trustee &amp; Guardian</b></p> <p>新州信託人及監護人專署協助居住在新州人士計劃未來的法律、健康及財務抉擇。社區人士也可透過法院或審裁處委託這代理機構作為其個人財務經理及/或監護人。</p>			
<b>資料保密</b>			
<p>澳華療養院基金依循「2000年私隱（私人範疇）修訂法例」（Privacy Amendment (Private Sector) Act 2000）釐定的「全國私隱綱領」（National Privacy Principles），由是基金只收集與為院友提供住宿及護理所需的資料。我們只會按收集資料的目的或你按常理預期的情況下才使用或透露這些資料。基金不會將這些資料直接用作市場推廣，也不會向他人透露作市場推廣之用。我們會採取所有合理步驟保障基金持有的個人資料，確保不被濫用或遺失、杜絕未經授權而接觸、更改及透露資料。基金私隱政策詳見 <a href="https://www.anhf.org.au/contact-us/privacy-policy/">https://www.anhf.org.au/contact-us/privacy-policy/</a></p>			
<input type="checkbox"/> 本人同意授權下列人士在本人入院舍期間代表本人處理各種個人事宜			
院友簽署：		日期：	
或			
院友護理受權人（參看以下護理受權人及證明文件一欄）：			日期：



請確保每一位受權人簽署確認接受被授權之責任。

A. 護理受權人 — 主要聯絡人 Person Responsible for Care – Primary Contact			
<p>這是一位我們會聯絡有關護理事宜及通知事故的人士。除緊急情況外，這位人士將在院友沒有能力親自作出同意時代為同意醫護及牙齒護理的安排。</p> <p>注意：若已提供有效之「預立護理指引」(Advance Care Directive)，則會按指引決定治療方法。</p> <p>誰可作為受權人</p> <p>受權人不需要是你的至親，即使「近親」這一名詞也無法律約束力。按「1987年新州監護人法例」(NSW Guardianship Act 1987)「受權人」先後次序釐定如下：</p> <ul style="list-style-type: none"> <li>• 一位按法律委託的監護人 (包括由你委任的持久監護人或你自新州公共信託人及監護人專署委任的人士 — 參看授權簡介)</li> <li>• 若並無監護人，則為與你有持續緊密關係的配偶或伴侶 (包括同性伴侶)</li> <li>• 若並無配偶或伴侶，則為現在或在你入住院舍前支援你的無薪照顧者。</li> <li>• 若並無無薪照顧者，則為與你有持續緊密關係的一位親屬或朋友</li> </ul>			
名 (First Name) :		姓 (Family Name):	
或機構名稱 :			
地址 (第 1 行) :			
地址 (第 2 行) :			
地區 :		郵政號碼 :	
電話 :		手機 :	
電郵 :			
受權人類別 : 請在合適方格內打鉤	<input type="checkbox"/> 監護人 / 新州公共信託人及監護人專署 (NSW Public Trustee & Guardian) – 請提供一份持久監護人委託文件 <input type="checkbox"/> 配偶或同居伴侶 <input type="checkbox"/> 無薪照顧者 <input type="checkbox"/> 親屬 – 請註明關係 _____ <input type="checkbox"/> 朋友		
本人同意接受護理受權人的責任 簽署 :		日期 :	
其他意見 :			
<input type="checkbox"/> 若在下一部分填寫超過一位護理受權人，則在此方格內打鉤 <input type="checkbox"/> 若護理受權人需要英語外之語言支援，則在此方格內打鉤。若有此需要，請註明所需之口述/書面語言。			

B. 額外護理聯絡人士 – 只在 (1) 無法聯絡主要護理受權人及 (2) 院友沒有能力作出同意時才會聯絡這位人士			
名 (First Name) :		姓 (Family Name):	
或機構名稱 :			
地址 (第 1 行) :			
地址 (第 2 行) :			
地區 :		郵政號碼 :	
電話 :		手機 :	
電郵 :			
受權人類別 : 請在合適方格內打鉤	<input type="checkbox"/> 監護人 / 新州公共信託人及監護人專署 (NSW Public Trustee & Guardian) – 請提供一份持久監護人委託文件 <input type="checkbox"/> 配偶或同居伴侶 <input type="checkbox"/> 無薪照顧者 <input type="checkbox"/> 親屬 – 請註明關係 _____ <input type="checkbox"/> 朋友		
本人同意接受護理受權人的責任 簽署 :		日期 :	
其他意見 :			
<input type="checkbox"/> 若護理受權人需要英語外之語言支援，則在此方格內打鉤。若有此需要，請註明所需之口述/書面語言。			





C. 財務受權人— 主要聯絡人 Person Responsible for Finances – Primary Contact			
這是一位我們會聯絡及發出所有與財務（包括費用、可退回住宿按金及月結單）有關的通訊及同意事宜的人士。所有財務事宜須由下列人士處理：			
<input type="checkbox"/> 本人 (院友)    或 <input type="checkbox"/> 本人代表 (如下)			
名 (First Name) :		姓 (Family Name):	
或機構名稱 :			
地址 (第 1 行) :			
地址 (第 2 行) :			
地區 :		郵政號碼 :	
電話 :		手機 :	
電郵 :			
授權類別 : (參看本表格首頁授權簡介)	請在合適方格打鉤及附上有關證明文件 (若需要)。(詳見授權簡介)		
	<input type="checkbox"/> 一般授權書 (若院友失去自決能力則無效) <input type="checkbox"/> 持久授權書 (若院友失去自決能力仍然生效) <input type="checkbox"/> 新州公共信託人及監護人專署 <input type="checkbox"/> 親屬 - 請註明關係		
本人同意接受財務受權人的責任 簽署 :			日期 :
其他意見 :			
<input type="checkbox"/> 若在下一部分填寫超過一位財務受權人則在此方格內打鉤。 <input type="checkbox"/> 若財務受權人需要英語外之語言支援，則在此方格內打鉤。若有此需要，請註明所需之口述/書面語言。 <hr/>			

D. 額外財務聯絡人— 只在 (1) 無法聯絡主要護理受權人及 (2) 院友沒有能力作出同意時才會聯絡這位人士就財務事宜作出同意時，才聯絡這位人士			
名 (First Name) :		姓 (Family Name):	
或機構名稱 :			
地址 (第 1 行) :			
地址 (第 2 行) :			
地區 :		郵政號碼 :	
電話 :		手機 :	
電郵 :			
授權類別 : (參看本表格首頁授權簡介)	請在合適方格打鉤及附上有關證明文件 (若需要)。(詳見授權簡介)		
	<input type="checkbox"/> 一般授權書 (若院友失去自決能力則無效) <input type="checkbox"/> 持久授權書 (若院友失去自決能力仍然生效) <input type="checkbox"/> 新州公共信託人及監護人專署 <input type="checkbox"/> 親屬 - 請註明關係		
本人同意接受財務受權人的責任 簽署 :			日期 :
其他意見 :			
<input type="checkbox"/> 若財務受權人需要英語外之語言支援，則在此方格內打鉤。若有此需要，請註明所需之口述/書面語言。 <hr/>			





E. 其他有意參與人士 / 代言人 Other Interested Parties / Advocates			
在下面列出任何可能有意參與你個人事務的人士或機構。			
第一位聯絡人 / 代言人			
名 (First Name) :		姓 (Family Name):	
或機構名稱 :			
地址 (第 1 行) :			
地址 (第 2 行) :			
地區 :		郵政號碼 :	
電話 :		手機 :	
電郵 :			
授權類別 : (參看本表格首頁授權簡介)	請在合適方格打鉤及附上有關證明文件 (若需要)。(詳見 <b>授權簡介</b> ) <input type="checkbox"/> 一般授權書 (若院友失去自決能力則無效) <input type="checkbox"/> 持久授權書 (若院友失去自決能力仍然生效) <input type="checkbox"/> 新州公共信託人及監護人專署 <input type="checkbox"/> 親屬 - 請註明關係 _____		
本人同意作為上述院友之聯絡人/代言人 簽署 :			日期 :
其他意見 :			

第二位聯絡人 / 代言人			
名 (First Name) :		姓 (Family Name):	
或機構名稱 :			
地址 (第 1 行) :			
地址 (第 2 行) :			
地區 :		郵政號碼 :	
電話 :		手機 :	
電郵 :			
授權類別 : (參看本表格首頁授權簡介)	請在合適方格打鉤及附上有關證明文件 (若需要)。(詳見 <b>授權簡介</b> ) <input type="checkbox"/> 一般授權書 (若院友失去自決能力則無效) <input type="checkbox"/> 持久授權書 (若院友失去自決能力仍然生效) <input type="checkbox"/> 新州公共信託人及監護人專署 <input type="checkbox"/> 親屬 - 請註明關係 _____		
本人同意作為上述院友之聯絡人/代言人 簽署 :			日期 :
其他意見 :			

F. 通訊			
請將本人所有通訊 (與基金有關之財務文件除外) 寄往: <input type="checkbox"/> 本人 (院友) <b>或</b> <input type="checkbox"/> 本人代表 若你的代表與 <b>護理受權人</b> 或 <b>財務受權人</b> 為同一人, 請指明: <input type="checkbox"/> 護理受權人 - 主要聯絡人 <input type="checkbox"/> 財務受權人 - 主要聯絡人 <input type="checkbox"/> 護理受權人 - 額外聯絡人 <input type="checkbox"/> 財務受權人 - 額外聯絡人 <b>若不屬上述人士, 請在下面加上聯絡資料</b>			
名 (First Name) :		姓 (Family Name):	
或機構名稱 :			
地址 (第 1 行) :			
地址 (第 2 行) :			
地區 :		郵政號碼 :	
電話 :		手機 :	
電郵 :			

辦公室用 : ☐ Updated in Finance on \_\_\_\_\_ By \_\_\_\_\_ ☐ Updated in PCS on \_\_\_\_\_ By \_\_\_\_\_

