

Thank you for your interest in Quinlan Court. Please find enclosed:

- Information brochure
- Current fees
- Application form – (General information)
- Medical information form

If you would like to apply to become a resident at Quinlan Court, please fill in the application form along with the medical form signed by your Doctor, and return to us.

Our process is:

- Application received
- When you are listed (in line with the date of application), we will contact you for an interview- this is dependent on our current occupancy.
- The interview panel consists of 3 people- you are welcomed to bring a support person.
- We will advise you by letter, and phone if you were successful, and additionally of a potential date that a unit will be available.

If you require more information, please do not hesitate to contact me.

Kind regards,

Ka kite

Delwyn Gedye
Manager
Quinlan Court



59 Harrison Street
Whanganui 4500

Phone: 06 348 9505
Email: quinlancourt@sosj.org.au

Application Form

General Information

Mr/Miss/Mrs/Ms (Please circle one)

Full Name _____

Address _____

Telephone No : Home _____ Mobile _____

Email _____

Date of Birth _____

Next of Kin

1. Name _____

Address _____ Post Code: _____

Telephone No: Home _____ Business _____

Mobile _____ Email _____

Relationship _____

2. Name _____

Address _____ Post Code: _____

Telephone No: Home _____ Business _____

Mobile _____ Email _____

Relationship _____

Do you own a vehicle Yes No

What is the make/model and registration number _____

Bank Account Number; (require this if we need to refund) May provide when Tenancy is accepted.

Name of Account:.....

Bank Account number:

Proof of Identity (to be produced with application or viewed at interview)

Photo identification (please circle one) Driver's licence Passport Other

ID number _____ Expiry Date _____

Criminal Record

Have you been convicted of a crime and, if so, what and when

Medical Report

A confidential medical report will be required from your Doctor to confirm the status of your health and ability to live independently and compatibly within our complex. (Any cost is to be borne by the applicant) The medical information request form is attached for completion.

I understand that this application does not guarantee me automatic admission to Quinlan Court. When a unit becomes available an interview process takes place.

Signed _____ Date _____

PLEASE NOTE: PETS ARE NOT PERMITTED

Affordable quality living in a safe environment with support for independence

'Fullness of life for the earth and its peoples'
'Ki tonu tea o me te orokahanga a te tangata'



MEDICAL INFORMATION

QUINLAN COURT is established for people who are able to be self-sufficient with a minimum of support, i.e. people who are mobile and able to take care of their personal needs. Main meal, light tea and a secure, supportive environment is provided.

CLIENT'S NAME _____

ADDRESS _____

TELEPHONE NUMBER _____ DATE OF BIRTH _____

N.H.I. NUMBER _____

SMOKER Yes / No (Quinlan Court is a smoke free zone)

CURRENT MEDICAL STATUS:

RELEVANT MEDICAL HISTORY:

MEDICATION:

Able to self-administer yes/no Supervision/assistance needed yes/no

COMMENTS:

QC-Residents- Admissions-Medical form Date of Review: June 2023 Due: June 2026

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SCHEDULE OF FEES/ADDITIONAL SERVICES

July 2023

Tenancy Costs	
Rent	\$189.50
Additional Charges	\$283.50
<ul style="list-style-type: none"> • Light, power, internet • Heated towel rail, rubbish collection • Food requirements including daily 2 course, home-cooked, hot meal • Use of laundry facilities & equipment 	
Full Fee per week	\$473.00

ADDITIONAL SERVICES MENU

Garage per week for car	\$15.00
Garage per week for scooter	\$10.00
Guest Suite – B&B per bed night (Bed and breakfast)	\$85.00
Daily Visitor/Guest Main lunch meal (midday) (2 course)	\$15.00
Daily visitor/Guest – Evening meal (this maybe collected during the day around 1pm)	\$12.00

Fees are reviewed annually.