



MacKillop
Grange

MacKillop Grange Retirement Village
Mosman – Northshore, Sydney

Application Form



Bringing
people
together
for over 20 years



General Details

- Separate applications and support documents are required of all applicants, including husbands and wives.
- Please answer each question so as to enable full consideration of your application.

Please indicate which type of apartment you are interested in:

A. Building 1 (North)	OR	B. Building 2 (South)
Number of Rooms: <input type="checkbox"/> One bedroom <input type="checkbox"/> One bedroom plus study <input type="checkbox"/> Two bedroom <input type="checkbox"/> Two bedroom plus sunroom <input type="checkbox"/> Penthouse		Type of Room: <input type="checkbox"/> Two bedroom
Preferred Level: <input type="checkbox"/> Ground Floor <input type="checkbox"/> First Level <input type="checkbox"/> Second Level <input type="checkbox"/> Third Level <input type="checkbox"/> Forth Level (Penthouse only)		Preferred Level: <input type="checkbox"/> Ground Floor <input type="checkbox"/> First Level <input type="checkbox"/> Second Level

Please provide your personal details:

☐ Mr ☐ Mrs ☐ Miss Surname:

First name: Second name:

Address: Post code:

Telephone: Marital status: (if married, please advise name of spouse)

Date of birth: / / Nationality: Religion:

(Former) Occupation:

General state of health:

Intended occupancy ☐ Immediate (within 3 months) ☐ Within six months ☐ Within twelve months ☐ 18 or more months

Signature: Date



Bringing people together
for over 20 years

Name of Applicant:

Signature:

Date:

Please provide further details:

Name:

Address:

Phone:

Name:

Address:

Phone:

Signed by:

Witnessed by:



**MacKillop
Grange**

Bringing people together
for over 20 years

Medical Information

Name of Applicant:

General state
of health:

History: Please indicate if the applicant has a history of the following:

- ☐ CVA, TIA
- ☐ Diabetes
- ☐ Epilepsy
- ☐ Hypertension
- ☐ COAD

- ☐ Angina
- ☐ Thyroid disease
- ☐ Confusion
- ☐ Other, specify:

Current
Medications:

Mobility:

Does the applicant require assistance to mobilise

☐ Yes ☐ No

Does the applicant use a walking aid:

☐ Yes ☐ No

Other
Relevant
Information:

Name and address of Medical Officer:

Name:

Address:

Phone:

Signature:



**MacKillop
Grange**

MacKillop Grange Retirement Village
28 Wudgong Street, Mosman NSW 2088

Phone 02 8969 3240
Fax 02 9960 2151
Email info@mackillopgrange.com.au