

Accommodation Application – EVENTIDE HOME

Applicant Information		
Surname:	Initials:	First Names:
Mr / Mrs / Miss / Prof / Dr / Rev / Other:	Marital Status:	
Date of birth:	ID Number:	
Telephone number:	E-mail address:	
Home language:		
Postal address:		
Suburb:	City:	Code:
Spouse Information		
Surname:	Initials:	First Names:
Mr / Mrs / Miss / Prof / Dr / Rev / Other:	Marital Status:	
Date of birth:	ID Number:	
Telephone number:	E-mail address:	

	1st Choice	2nd Choice	Alzheimer's / Dementia	Life Rights / PFU	Rental	Board & Lodging	Mid Care	Frail Care
Arbor Village – Bedfordview			X	X			X	X
Eddy House- Benoni Central				X	X			
Elandshaven – Klerksdorp					X	X		
Eventide – Klerksdorp						X		
Fairleads – Benoni			X	X		X	X	X
Garden Village – Bordeaux, Randburg				X	X		X	X
Montgomery Haven – Montgomery Park			X		X		X	X
Prim Villa – Germiston			X					
Queenswood Home - Pretoria					X			X
Ridgeview Village – Boksburg				X				
Rose Village – Roosevelt Park				X	X			
Samuel Broadbent - Potchefstroom			X	X		X	X	X
Springs Retirement Village – Springs			X	X		X	X	X
Summerfield Park – Jukskei Park			X	X	X	X	X	X
Summit Village – Roodepoort				X				

Frail Care & Mid Care Room Size (Please circle preference)

Single	2-bed Shared	Multi-ward Shared
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Rental Accommodation Size & Type (Please circle preference)

Bedsitter/Bachelor	Full Board & Lodging	1 Bedroom	2 Bedroom	3 Bedroom
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Life Rights/PFU Unit Size (Please circle preference)

Bedsitter/Bachelor	1 Bedroom Flat	1 Bedroom Cottage	2 Bedroom Flat	2 Bedroom Cottage	2 Bedroom & Study
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COMMENTS:

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Signature of applicant:		Date:	
<i>If this application is completed on behalf of a parent or a loved one, please provide your contact details.</i>			
Name:	Telephone:	E-mail:	

Terms

Care Centre Accommodation Applications require the payment of a once off non-refundable fee of **R1000**.

For **Independent Living** (Rental/PFU/Board & Lodging) a once-off Application Fee in the amount of **R2000** is payable on submission of this form. Once you take occupation at any of our homes or villages, an amount of **R1000** will be credited to your account in your second month of occupation.

The application fee is not refundable and will be forfeited should you elect to have your name removed from the waiting list.

Applications are open to persons of any age however, the **minimum age of an occupant is 60 years**.

Please return completed application form, together with your **proof of payment** and a **copy of the applicants' ID** by e-mail to:

Eventide.info@mha.co.za

**We will contact you by telephone or by e-mail to confirm receipt of your application.
If you have not heard from us within 10 days of submission, please call us on 018 406 0750**

BANKING DETAILS:

Methodist Homes For The Aged EVENTIDE HOME

Bank: **First National Bank**

Branch Code: **250655**

Account Type: **Current Account**

Account Number: **6266608 2020**

NB: PLEASE USE YOUR SURNAME AND VILLAGE CHOICE AS YOUR REFERENCE (e.g. Jones-Eventide)

FOR OFFICE USE

Date of application:		Amount Paid:		Unique ID:	
Application Fee Paid by:	EFT	CHEQUE	CASH	Cash Receipt No:	
Application Captured by:			Home/Village:		

Dear Resident/Potential Resident,

RE: POPIA NOTICE AND CONSENT TO PROCESS YOUR PERSONAL INFORMATION

As a Resident or potential Resident to our organisation, we currently hold or will hold your personal information supplied by yourselves to our organisation.

We understand that your personal information is important to you and that you may be apprehensive about disclosing it. Your privacy is just as important to us and we are committed to safeguarding and processing your information in a lawful manner.

We also want to make sure that you understand how and for what purpose we process your information. If for any reason you think that your information is not processed in a correct manner, or that your information is being used for a purpose other than that for what it was originally intended, you can contact our Information Officer.

You can request access to the information we hold about you at any time and if you think that we have outdated information, please request us to update or correct it.

Our Information Officer's Contact Details are available from the Village Admin office.

Purpose for Processing your Information

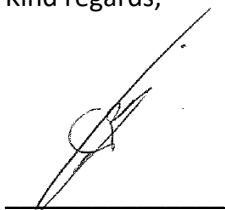
We collect, hold, use and disclose your personal information mainly to provide you with access as a resident to our premises. We will only process your information for a purpose you would reasonably expect, including:

- Providing you with advice on what services we can offer you that suit your needs as requested or as prescribed by ourselves;
- To process your personal information so as to take care of you on our premises;
- To verify your identity and to conduct credit reference searches (if necessary);
- To correspond with you;
- To confirm, verify and update your details;
- To comply with any legal and regulatory requirements;

Some of your information that we hold may include, your first and last name, email address, other contact information, your title, birth date, gender, identity number and your banking details.

All personal information will be held securely and whenever we sub-contract or outsource other organisations to process any of your personal information on our behalf, we will bind these service providers by way of a Data Operator Agreement as far as this may be required.

Kind regards,



Carl Queiros
Information Officer
Methodist Homes Head Office

CONSENT TO DISCLOSE AND SHARE YOUR PERSONAL INFORMATION FORM

I the undersigned _____ (insert full name and surname) hereby give my written consent to Methodist Homes for the Aged NPC (“**Methodist Homes**”) for my personal information to be collected and processed by Methodist Homes, for necessary processes within Methodist Homes which includes the provision of my care and residency within the home in which I will reside, which may also include internal administrative processing within Methodist Homes.

I also consent to my personal information being further processed for institutional research and for Government department’s information requests.

I also consent to my personal information being processed by third parties rendering database management support to the Methodist Home group. Where Methodist Homes shares my personal information with third parties, I understand that the Methodist Homes will take precautions to ensure that such third party will treat my personal information with the same level of protection as required by Methodist Homes.

I understand that in terms of POPIA, there are instances where my express consent is not necessary to permit the processing of my personal information, which may be related to various situations contemplated in POPIA.

I will not hold the Methodist home liable for any improper or unauthorized use of personal information that is beyond its reasonable control.

This consent is valid from date of signature up until cancellation of any application, subject to me residing at Methodist Homes or the retraction of my consent by me in writing to the Methodist homes at any point in time

I confirm that I have read the application, understand its contents and that I have signed this consent freely and voluntarily.

Name and surname _____

Signature _____

Date _____