



**AANSOEK OM VERBLYF /
APPLICATION FOR ACCOMMODATION**

Neem asb. Kennis

Robertsonhuis beskik nie oor fasiliteite gelykstaande aan dié van 'n hospitaal nie, maar voorsien slegs akkommodasie met die gerief van 24 uur versorging om die omstandighede vir persone met spinale beserings aangenamer te maak. Indien die voornemende inwoner intensiewe mediese sorg benodig, kan Robertsonhuis ongelukkig nie in sy/haar behoeftes voorsien nie. Indien die toestand van die inwoner in so 'n mate verswak dat hy /sy intensiewe versorging benodig, is dit die verantwoordlikheid van sy/haar familie/ naasbestaandes om alternatiewe akkommodasie te vind wat aan sy/haar behoeftes voldoen.

Please Note:

Robertson House cannot provide hospital care, but does provide accommodation to persons with spinal cord injuries, with 24-hour care services to assist residents where their physical disabilities are limited or restricted. If the applicant needs intensive medical care or high care, Robertson House unfortunately cannot provide that service. **If the resident's condition deteriorates to such a stage that he/she need high/ or intensive care, it is his/ her next of kin's responsibility to find alternative accommodation suitable for your condition.**

Volle Naam en Van / Name and Surname

Geboortedatum / Date of Birth

ID Nommer / ID Number

(Heg asb. 'n gesertifiseerde afskrif van u ID dokument hierby aan./ Please attach a certified copy of your ID document.)

Huidige Verblyfsadres / Current Address

Telefoon Nommer(s) & Epos adres / Telephone Number(s) & Email address

Hoogste Opvoedkundige Kwalifikasie / Highest Educational Qualification

Huwelikstatus / Marital Status

Gee asseblief besonderhede van u naastebestaande(s) / Please give details of your next of kin.

Naam / Name

Adres / Address

ID Nommer / ID Number

Kontak Nommer(s) & Epos adres / Contact Number(s) & Email address

Indien u kinders het, meld asseblief hul name en ouderdomme. / If you have children, please supply their names and ages.

Beklee u enige vaste betrekking? Indien wel, meld asseblief die aard van u huidige betrekking en by watter maatskappy/ organisasie. / Are you permanently employed? If yes, please state designation and company details.

Wat is die aard van u besering? / What is the nature of your disability?

Wat was die oorsaak van u besering? / What was the cause of your injury?

Dui asseblief aan waar en wanneer die besering plaasgevind het. / Please state when and where this injury occurred.

In watter hospitaal het u behandeling ontvang na u besering en vir hoe lank? / In which hospital did you receive medical care and how long did you stay there?

Is u in ontvangs van enige diens-, werkgewer- of ongeskiktheidspensioen? Indien wel, meld asseblief die tipe pensioen en die pensioennommer? / Do you receive any pension? If yes, please state the type of pension and the pension number.

Dui asseblief u totale inkomste per maand aan. / *Please supply your monthly income:*

Het u enige kriminele rekord? Indien wel, meld asseblief aard van oortreding. / *Do you have a criminal record? If yes, please supply the nature of this record.*

Is u of was u al ooit afhanklik van dwelms? / *Are you or were you at any stage addicted to drugs?*

Indien ja, gee asseblief volledige besonderhede. / *If yes, please give full details.*

NB Het u enige mediese toestand/siekte/druksere waarvan tuisversorgers of bestuur moet kennis dra? Gee asseblief volledige besonderhede / *Do you have any medical condition/pressure sores that must be brought under the care attendant's or management attention? Please give details.*

Dui aan of u 'n testament besit. Verskaf asseblief volledige besonderhede en kontakbesonderhede van die persoon of instansie wat u testament hanteer. / *Please indicate if you have a last will and testament. Please give full details and contact numbers of the person or company handling your testament.*

Testament	Yes	No
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Kontak Besonderhede / Contact Details _____

Belangstellings en stokperdjies? / *Interests and hobbies?*

Meld asseblief die rede(s) waarom u aansoek doen om in Robertsonhuis te kom bly.
Please specify the reason(s) why you applied for accommodation at Robertson House.

Daar word van elke inwoner verwag om, waneer nodig, betrokke te raak met fondswerwingsprojekte. We expect every resident to participate, when needed, in fundraising projects.

Dui asseblief aan wie verantwoordelik is vir betaling van maandelikse losiesfooie. Genoemde persoon/persone is verantwoordelik om 'n betalingssooreenkoms met Robertsonhuis te onderteken en sodoende volle verantwoordelikheid te aanvaar. / Please indicate the person(s) responsible for the monthly board and lodging fee - this person has to enter into a written agreement with Robertson House in this regard, accepting full responsibility.

- Indien u aansoek om akkommodasie gunstig oorweeg word, is dit onderhewig aan 'n 2 maande proeftydperk (sestig dae), waarna permanente verblyf oorweeg sal word.
- *If your application for accommodation has been favourably considered, a 2 month (sixty days) trial period is applicable before permanent residence is granted.*

Ek verklaar hiermee dat die inligting soos hierbo verskaf, juis en korrek is. / I herewith declare that the information in this application form is true and correct.

GETEKEN : _____
SIGNED : **Applicant / Legal Guardian of Applicant**

DATUM : _____
DATE

BELANGRIK / IMPORTANT

1. Hierdie aansoek moet vergesel word van:
 - a. 'n gesertifiseerde afskrif van aansoeker se Identiteits Dokument;
 - b. 'n maatskaplike werk verslag (nie ouers as 14 dae, voltooi deur 'n geregistreeerde maatskaplike werker);
 - c. mediese verslag (nie ouer as 14 dae, voltooi deur 'n geregistreeerde mediese dokter);
 - i. Die maatskaplike en mediese verslae moet voldoen aan die vereistes van Robertsonhuis - riglyne sal verskaf word.
 - ii. Indien die toestand van die aansoeker met opname verskil van die mediese verslag voorsien, behou Robertsonhuis die reg om toelating te weier of af te keur.
 - d. 'n verwysingsbrief en kontaknommers van u huidige losiesverskaffer, of van u vorige plekke van verblyf.
2. This application form must be sent together with the following:
 - a. a certified copy of applicant's Identity Document;
 - b. a social work report (*not older than 14 days, completed by a registered social worker*);
 - c. medical report (*not older than 14 days, completed by a registered medical doctor*);
 - i. The social work and medical report must adhere to the specifications of Robertson House - guidelines will be provided.
 - ii. If the medical condition, upon admission of the applicant, differs from the medical report provided, Robertson House has the right to refuse admission or to decline the application.
 - d. a letter of reference from your current or previous place of residence, as well as a contact number for both.