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|  | Resident’s Preliminary Enquiry Form |

Please use this form to register an interest in applying to become a resident in an Abbeyfield house.   
It may be completed by the applicant, their agent or personal advocate or the Abbeyfield representative receiving the enquiry.

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| Christian / Forenames |  | | | |
| Surname / Family name | (Mr/Mrs/Ms/Dr/Other): | | | |
| Date of Birth: |  | | | |
| Your present address: |  | | | |
| Phone numbers | Home: | | Mobile: | |
| Email address (*if available*) | |  | | |
| Abbeyfield house you wish to apply for: | |  | | |
| If you are not currently living in the region where the house is located, what are your links with this area? | | | | |
| When do you require accommodation? | 🔾 As soon as a vacancy is available  🔾 Within six months  🔾 Within 12 months  🔾 Over 12 months | | | |
| Signature: |  | | | Date: |

If you are completing this form on behalf of the applicant, please give your details:

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | | |
| Phone numbers: | Home: | | Mobile: |
| Email address (*if available*) | |  | |
| Relationship to applicant: | |  | |

Please return this form to the Applications / Residency convenor of the Abbeyfield Society for the house you wish to enter. Please see our website for addresses and more information, or call the local house. A member of the Society will contact you soon.