

Dear Applicant,

Thank you for your recent enquiry regarding our Independent Living accommodations. We have two complexes which are **Ailt an Oir** in Glenageary and **Margaretholme** in Sandymount village.

We would like to emphasise the following points to all those who wish to apply for accommodation with us:

- We consider a move to our accommodation as the beginning of a new lease for independent living.
- **The age criteria is 65 and over** and residents are expected to be physically mobile and able to take care of themselves.
- Enhanced HSE approved care is available for those requiring additional support and is determined by an assessment completed by the Public Health Nursing Service. However, Independent Living accommodation should not be considered as a nursing care facility.
- Community health care services are available to residents if necessary.

This application form should only be completed if you are ready to move into Independent Living within the next 2 years. We require a €250 (non-refundable) administration fee to be paid at the point of submitting an application. We will endeavour to offer you a place in this time, but it may be longer than 2 years if an apartment is not available. If you refuse the offer of accommodation twice, your name will then be removed from our waiting list. Please note that the offer of accommodation may be withdrawn if you are not deemed suitable for independent living following an assessment by our team.

Please make cheques payable to **DCM CLG**.

### **Alternative Payment Method**

The €250 administration fee can also be paid via bank transfer using the details below:

**Bank:** Allied Irish Bank

**Account Name:** Dublin Central Mission CLG

**IBAN:** IE54AIBK93338444010021

**BIC:** AIBKIE2D

The other standard charges are detailed in the application form. Please note there is an additional non-refundable deposit of €2,500 to be paid on acceptance of the tenancy which is in addition to the monthly rent and service charges outlined on the form.

Yours sincerely,

Colin Morgan / Head of Older Persons Services

Dublin Central Mission, Mount Tabor, Sandymount Green, Dublin 4 D04 YT68  
T +353 (1) 260 5766 F +353 (1) 2605786 E [info@dublincentralmission.ie](mailto:info@dublincentralmission.ie)  
[www.dublincentralmission.ie](http://www.dublincentralmission.ie)

**Please send completed application form to:**

Bilge Orcan, DCM Head Office, C/O Mount Tabor, Sandymount Green, Dublin 4.

Tel: 01 – 2605766

*Independent Living Accommodation with Enhanced Support for Older People*

**Registration Form**

*If you wish perhaps a relative, public health visitor, social worker or friend could help complete this form.*

**PERSONAL DETAILS – Applicant 1**

(tick as appropriate)

Surname \_\_\_\_\_ Mr/Mrs/Miss/Other\*

First Name \_\_\_\_\_ \*please specify \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Date of Birth \_\_\_\_\_

Contact No. Tel. \_\_\_\_\_ Mobile \_\_\_\_\_ Email address \_\_\_\_\_

**PERSONAL DETAILS – Applicant 2**

(If double accommodation is required)

Surname \_\_\_\_\_ Mr/Mrs/Miss/Other\*

First Name \_\_\_\_\_ \*please specify \_\_\_\_\_

Address \_\_\_\_\_ Date of Birth \_\_\_\_\_

*(if different from above)*

Contact No. Tel. \_\_\_\_\_ Mobile \_\_\_\_\_ Email address \_\_\_\_\_

*(if different from above)*

**NEXT OF KIN/ AUTHORISED REPRESENTATIVE**

Name \_\_\_\_\_

Address \_\_\_\_\_

Contact No. Tel. \_\_\_\_\_ Mobile \_\_\_\_\_

Email address \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_

Have we permission to contact the above-named person? Yes \_\_\_\_\_ No \_\_\_\_\_

**HOME INFORMATION**

Please Circle as appropriate

- Do you own your own house/apartment? YES NO
- Do you live in a private rented accommodation? YES NO
- (a) Do you rent a Council or Local Authority House? YES NO
- (b) Are you on a Housing List? YES NO

If you live in any kind of accommodation, e.g. Granny Flat, Shared House. Please give details.

- (a) Do you live alone at this address YES NO
- (b) If 'No', who are the other residents & indicate their relationship to you:

Do you receive any daily assistance from (Please state frequency)?

- (a) Home Help \_\_\_\_\_
- (b) Meals on Wheels \_\_\_\_\_
- (c) Day Care \_\_\_\_\_
- (d) Community Nursing Service \_\_\_\_\_
- (e) Public Health Nurse \_\_\_\_\_
- (f) Respite \_\_\_\_\_
- (g) Relatives \_\_\_\_\_
- (h) Neighbours \_\_\_\_\_
- (i) Occupational Therapy \_\_\_\_\_
- (j) Physiotherapy \_\_\_\_\_
- (k) Other \_\_\_\_\_
- (l) Do you have a car and do you drive? \_\_\_\_\_

HEALTH/MOBILITY	Applicant 1			Applicant 2		
<b>Do you require assistance with the following</b>						
Getting in and out of bed	Yes		No	Yes		No
House cleaning	Yes		No	Yes		No
Shopping	Yes		No	Yes		No
Doing personal laundry	Yes		No	Yes		No
Dressing	Yes		No	Yes		No
Managing your financial affairs	Yes		No	Yes		No
Do you need assistance showering/bathing?	Yes		No	Yes		No

**HEALTH/MOBILITY cont.**

	APPLICANT 1			APPLICANT 2		
Are you presently in good health?	Yes		No	Yes		No
Is your eyesight?	Good	Fair	Poor	Good	Fair	Poor
Do you use a Hearing Aid?	Yes		No	Yes		No
Can you walk up and down a flight of stairs?	Yes	No	With Difficulty	Yes	No	With Difficulty
Do you require a stick/frame to assist walking?	Yes		No	Yes		No
Do you have any allergies? If 'Yes' Please specify _____	Yes		No	Yes		No
Are you on long term medication?	Yes		No	Yes		No
If 'Yes' Please specify _____ _____						
Do you attend a geriatrician in your area?	Yes		No	Yes		No
Do you regularly visit chiropodists, opticians, dentists etc.	Yes		No	Yes		No
How would you rate your general wellbeing?	Good	Fair	Poor	Good	Fair	Poor
Have you received treatment from psychiatry of older people services?	Yes		No	Yes		No

**Please give your doctor's details:**

Name: \_\_\_\_\_ Tel: \_\_\_\_\_

Address:

\_\_\_\_\_  
\_\_\_\_\_

Have we permission to contact the above-named person? YES \_\_\_\_\_ NO \_\_\_\_\_

**CHARGES**

**Deposit paid on agreement of tenancy contract:** €2,500 (Non-refundable)

**Monthly Charges**

**Single Apartment:** €1,907 comprising of €1,049 rent and €858 service charge.

**Double Apartment:** €2,661 comprising of €1,494 rent and €1,167 service charge.

Are you in a position to pay the allocated charges? Yes \_\_\_\_ No \_\_\_\_

If Yes, Please describe your ability to pay in the space below: (for example: available savings, investments, property intended for sale, pension income, or other financial resources)

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If No: Please comment details of your current means.

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**GENERAL**

What are your reasons for seeking a place in Independent Living Accommodation?

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**Criminal Convictions**

Do you have any convictions for a criminal offence? If so, please give details.

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## General Data Protection Regulation 2018

### Data Privacy Summary

At DCM- CLG, we take your privacy seriously. It is important that you know exactly what we do with personal information that you and others provide to us, why we gather it and what it means for you.

This document is being provided to you in line with obligations under the General Data Protection Regulation (GDPR) which came into effect on the 25/05/2018.

DCM- CLG creates, collects and processes personal data in various formats. Our commitment is that the personal data you may be required to supply to us is;

- Obtained lawfully, fairly and in a transparent manner
- Obtained for only specified, explicit and legitimate purposes
- Adequate, relevant and limited to what is necessary for the purpose for which it was obtained
- Recorded, stored accurately and securely and where necessary kept up to date
- That the data is kept safely and securely

The information you have given will be used to allow us to assess and prioritise your application for Sheltered Housing. We will not divulge any information we hold about you unless you agree, we are required to do so by law or we have to do so in order to protect our rights.

***I give you permission to make any reasonable enquiries to confirm any details I have given on this form. I confirm that the information I have supplied is accurate and may be held by Dublin Central Mission-CLG in accordance with the particulars above.***

***I confirm that the details given by me on this Registration Form are correct including, where applicable, that of my income and health.***

Signed \_\_\_\_\_ Dated \_\_\_\_\_

**NOTE:** This form can only be signed by the applicant, or someone holding Power of Attorney for them. If it is being signed by someone having Power of Attorney, then a copy of the legal authorisation must be provided with the application.

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**For which Complex do you wish to be considered, and when: Please tick below:**

<input type="checkbox"/>	Margaretholme	Urgent (0- 6 months)	<input type="checkbox"/>
<input type="checkbox"/>	Ailt an Óir	6-12 months	<input type="checkbox"/>
<input type="checkbox"/>	Either Margaretholme or Ailt an Oir	1-2 years	<input type="checkbox"/>

**Please tick to confirm-€250 admin fee included**

**How did you hear about/ who referred you to this facility?**

HSE or another External Agency	<input type="checkbox"/>
Resident at Margaretholme/Ailt and Oir	<input type="checkbox"/>
Family or Friend	<input type="checkbox"/>
Other	<input type="checkbox"/>

Office use Only:	App. Sent:	App. Rec'd:	Uploaded:
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