

# LINGFIELD UNITED TRUST

## HEALTH QUESTIONNAIRE

Each applicant must complete a separate form

Full Name of the Applicant:				
Date of Birth				
How would you describe your state of health?	Excellent	Good	Controlled	Poor
Do you have normal vision?  Yes / No	If no, please give details:			
Are you registered blind?	Does wearing glasses remedy this? Yes / No			
Do you have normal hearing?  Yes / No	If no, please give details:			
	Do you wear a hearing aid? Yes / No			
Do you currently suffer, or have you ever suffered, from any of the following illnesses? Please answer yes or no against each item:				
Asthma or other chest illness		High Blood Pressure		
Any mental illness or breakdown		Rheumatic fever, or chorea		
Diabetes		Parkinsons disease		
Disease of kidneys or bladder		Heart disease		
Rheumatism		Tuberculosis		
Back or joint disorder, or polio		Stomach or bowel problems		
Fainting, fits or blackouts		Typhoid or paratyphoid fever		
Please state and give details of any other serious illness not mentioned above:				

If the answer to any of the illnesses stated was YES then please give the following details in respect of each one:

Nature of illness/ operation	1	2	3
Date of occurrence:			
Nature of treatment:			
Name & Address of doctor of hospital giving treatment:			
Has there been a recurrence?			
If so, please give details:			
Do you current receive care from the Occupational, Health or Social Services? Yes / No			
If Yes, please give details:			
Are there any health or social factors that you wish the Trustees to take into consideration when assessing your application? Please state if there are any specific medical reasons you wish to have considered.			

## Declaration

I declare that all the statements I have made on this form are correct to the best of my knowledge and belief. I confirm that I am able to look after myself, with the assistance of family and social services if necessary. By signing I agree to the declaration and to the following:

- I give my consent to Lingfield United Trust to conduct a basic background check and if the charity should discover that any information given by me in this questionnaire or at my subsequent interview is incomplete or incorrect the Trustees will review my application and may resolve that I am not eligible for accommodation in the almshouse.
- If having been given accommodation by Lingfield United Trust in the almshouse, any of the information in this application is found to be incomplete, inaccurate or incorrect the Trustees will seek to set aside my appointment as a resident and recover possession of the accommodation. In this event, the Charity and its Trustees will not be responsible for finding me alternative accommodation.
- Should my circumstances change for whatever reason, I will inform the Charity immediately as this may affect my application.

Signature of applicant ..... Date .....

Data Protection Statement: It is part of the Trustees' responsibilities to ensure that applicants for almshouses are suitably qualified under the terms of the charities governing document. Trustees therefore need to investigate the personal circumstances of applicants. The personal data on this form, and other information relating to an almshouse appointment, or your care management, will be held on file if you are offered a place. Some details may be checked with relevant organisations but none will be disclosed for any inappropriate purpose. You may have access to your personal information on request.

Return this form with your application form to:  
Anna Baker, Clerk to the Trustees,  
Lingfield United Trust

17, Headland Way, Lingfield RH7 6DH

Email: [annabaker256@btinternet.com](mailto:annabaker256@btinternet.com)