

Waiting List Form

We would be grateful if you would complete this form to apply for a place on our waiting list. Please return the completed form to Saint Joseph's Shankill, Crinken Lane, Shankill, Co Dublin, D18 TY00 or by email to saintjosephs@sjog.ie

Date:							
Applicant's Details							
Name: Date of Birth:							
Current Location:	Addr	ess:					
Please tick one.		Please provide address for the location that applies to applicant.					
Home							
Hospital							
Other Nursing Home							
Formal Diagnosis of Demer	ntia by GF	P/Consultant:					
Frontal Lobe Alzheim Other (please provide detail			nson's Vascular				
Other medical conditions (p	olease pro	ovide details below)					
Please provide the current	medical to	eam the applicant is under:					
Applicant's GP: Consultant:							
Public Health Nurse:							
Social Worker:							
Applicant's current status: Ready to accept a place		П					
Not ready to accept a place							
Web; www.saintjosephssha	ankill.ie	Tel; + 353 1 282 3000	Email; saintjosephs@sjog.ie				



Please answer the following questions for the applicant:

Personal Hygiei	ne	What help is needed?			
Getting dressed	<u>I</u> – can they button				
up a shirt, could	I they dress				
themselves or is	s help needed?				
Personal care -	Can they shower				
alone or is help	needed around				
washing?					
<u>Eating</u>					
Eating and drink	king – can they use a				
knife and fork, o	could they feed				
themselves?					
<u>Continence</u>					
Using the bathr	oom – do they				
require incontin	ent wear or can they				
go to the bathro	oom alone?				
<u>Mobility</u>					
Walking – do th	ey need assistance?				
Communication	<u>1</u>				
Are they verbal	or would they have				
minimal verbal	skills?				
Is there any oth	er information you w	ould like to tell us about the applicant:			
*Funding:	Applying for Fair Dea				
As agreed with the HSE we are not accepting privately funded Residents.					
As agreed wit	h the HSE we are not a	accepting privately funded Residents.			

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Details of person making the enquiry:

Do you consent for Saint J regarding the waiting list a	•	retain the information provi ole?	ded and contact you			
Yes	No 🔲					
Name:		_ Relationship to Applicant:				
Telephone Number:						
Email Address:						
Please do not hesitate to contact us should you have any questions:						
Phone: (01) 282 3000						
Email: saintjosephs@sjog.	ie					