**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**](mailto:saintjosephs@sjog.ie)

Date:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Applicants Details**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| Current Location:  Please tick one. | | Address:  Please Provide address for the location that applies to applicant. |
| Home |  | |
| Hospital |  | |
| Other Nursing Home |  | |

**Formal Diagnosis of Dementia by GP/Consultant**:

Yes No

Frontal Lobe Alzheimer’s Lewy Body Parkinson’s Vascular

Other (please provide details below)

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

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Other medical conditions (please provide details below)

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Please provide the current medical team the applicant is under:

|  |  |
| --- | --- |
| Applicants GP: |  |
| Consultant: |  |
| Public Health Nurse: |  |
| Social Worker: |  |

**Applicant’s current status:**   
  
**Ready to accept a place**   
  
**Not ready to accept a place**

Please answer following questions for the applicant:

|  |  |
| --- | --- |
| **Personal Hygiene** | What help is needed? |
| **Getting dressed** – can they button up a shirt, could they dress themselves or is help needed? |  |
| **Personal care** – Can they shower alone or is help needed around washing? |  |
| **Eating** |  |
| Eating and drinking – can they use a knife and fork, could they feed themselves? |  |
| **Continence** |  |
| Using the bathroom – do they require incontinent wear or can they go to the bathroom alone? |  |
| **Mobility** |  |
| Walking – do they need assistance? |  |
| **Communication** |  |
| Are they verbal or would they have minimal verbal skills? |  |

|  |
| --- |
| **Is there any other information you would like to tell us about the applicant:** |
|  |

**\*Funding: Applying for Fair Deal**

**Fair deal approved**

As agreed with the HSE we are not accepting privately funded Residents.

**(\*please note funding must be in place before we can offer a place)**

**Details of person making the enquiry:**

**Do you consent for Saint Josephs’ Shankill to retain the information provided and contact you regarding the waiting list and services available:**

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**