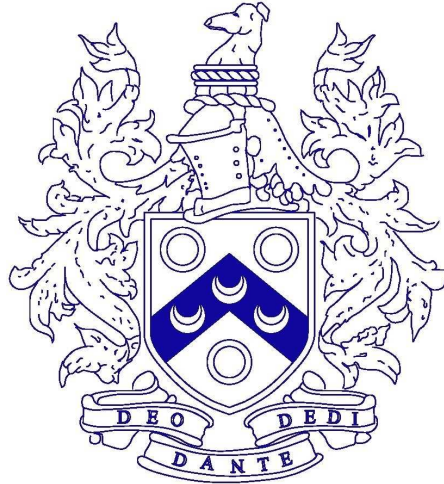


SUTTON'S HOSPITAL IN CHARTERHOUSE



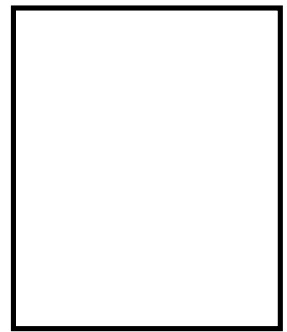
APPLICATION FORM

for those seeking admission as a
Brother of Charterhouse

Name:

Sutton's Hospital in Charterhouse

Registered Charity Number 207773



Photograph

Answers to these questions will assist in identifying areas for discussion and will not necessarily be used to determine acceptance or otherwise.

PERSONAL DETAILS

Name

Address

<hr/>
<hr/>
Post Code
<hr/>

Telephone number

Facsimile number

e-mail address

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Nationality

Place of Birth

Date of Birth

Age

Day	Month	Year	<input type="text"/>
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National Insurance Number

NHS Number - if known

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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IN CONFIDENCE

Status

1. Are you single now? Yes / No
If Yes, go to 2 and 3

2. Have you been married? Yes / No
If Yes, complete the following

	PLEASE TICK	SINCE WHEN
Widower		
Divorced		
Legally separated		

3. Have you been in a Civil Partnership Yes / No
If Yes, complete the following

	PLEASE TICK	SINCE WHEN
Partner died		
Legally separated		

Children - Do you have Children? Yes / No - if Yes, how many?.....

Please state names and ages

Current Accommodation - Are you currently:

A homeowner Yes / No

A private tenant Yes / No

In a residential housing scheme, almshouse or similar Yes / No

Other Yes / No

if Yes, please explain below:

Education - with dates

SCHOOLS

UNIVERSITY / COLLEGE

DEGREES / DIPLOMAS / QUALIFICATIONS

Employment [including Military Service] - with dates [continue on separate sheet if necessary]

Empty box for entering employment details.

IN CONFIDENCE

Achievements and Awards

Hobbies and Interests

Religion - Charterhouse is a Christian institution with a Chapel. Worship is ordered according to the rites of the Church of England. The daily services are an integral part of the life of the community but attendance is not compulsory.

1 Are you a regular communicant member of the Church of England -	Yes / No
	[If No, move to question 5]
2 If 'Yes' at which Church do you worship.....	
3 Do you or have you held any office - ordained or lay - in the Church -	Yes / No
4 If 'Yes' please state.....	
5 Are you a regular attender at a Church of another tradition -	Yes / No
6 If 'Yes' please state name and denomination of Church.....	
.....	

IN CONFIDENCE – MEDICAL DETAILS

Medical History - Those entering Charterhouse must be fit in body and mind. A medical examination by the Medical Officer for Charterhouse will be required before a decision about entry is made. Please complete the Health Declaration Form below. Please also keep us informed of any matter which might effect the information you might give below during the assessment process.

a) Are you now under any medical treatment or observation? Yes / No

If Yes, please give details

b) Have you ever or are you at present taking any regular medicines - pills, tablets, injections etc? Yes / No

If Yes, please list the medication

c) Have you ever been an in-patient in hospital, attended out-patients or had an operation? Yes / No

If Yes, please give details

d) Have you had a medical examination within the last 2 years? Yes / No

If Yes, why and with what result

e) Have you required a doctor for an illness in the last two years? Yes / No

If Yes, please give particulars for each occasion

f) Have you ever left or been refused any employment on grounds of health? Yes / No

If Yes, please give details

g) Do you take regular exercise? Yes / No

If Yes, what?

h) Have you ever had:-

If Yes, please give details

1 migraine Yes / No

2 epileptic fits, fainting attacks, blackouts Yes / No
 or other neurological disorders?

IN CONFIDENCE

3	mental ill health, nervous breakdown depression requiring treatment?	Yes/ No
4	heart trouble, rheumatic fever or high blood pressure?	Yes/ No
5	asthma, bronchitis, tuberculosis or other chest disease?	Yes/ No
6	gastric or duodenal ulcer digestive, bowel or eating disorder?	Yes/ No
7	kidney or bladder trouble including stone or gravel?	Yes/ No
8	arthritis, rheumatism or gout?	Yes/ No
9	any back or joint trouble including prolapsed disc?	Yes/ No
10	any blood disease?	Yes/ No
11	any skin disease?	Yes/ No
12	diabetes?	Yes/ No
13	eye disease?	Yes/ No
14	ear disease including infection vertigo and tinnitus?	Yes/ No
15	hernia?	Yes/ No
16	varicose veins?	Yes/ No
17	a serious accident?	Yes/ No
18	incontinence of urine and/or faeces?	Yes/ No
19	received advice or treatment for a drug or alcohol related problem?	Yes/ No

i] Do you have any other noteworthy problem? Yes/ No

If YES please state

IN CONFIDENCE

Family History

Relationship	Alive or deceased	Age	If alive current health	If deceased cause of death
FATHER				
MOTHER				
BROTHER 1				
BROTHER 2				
SISTER 1				
SISTER 2				
CHILD 1				
CHILD 2				
CHILD 3				

Consent to release Personal Medical Information

Under the terms of the Access to Medical Reports Act, 1988 you have the right to withhold your consent for this Institution to apply to your family doctor or hospital specialist for medical information. If you give your consent you have the right to see information about your medical condition before it is supplied. You will have 21 days from the date of the letter notifying you that a medical report has been requested in which to ask your family doctor or hospital specialist to let you see the report. Your family doctor or hospital specialist will let you know if you cannot see any part of the report for professional reasons. If you are given access to your report your family doctor or hospital specialist will not send it to you until you give your consent. If you regard any information in the medical report as incorrect or misleading, you can ask in writing for it to be amended.

[Please note: if your family doctor or hospital specialist does not accept that the information is incorrect or misleading, they are of course not required to make any amendment; but in these cases your family doctor or hospital specialist will invite you to prepare a written statement on the disputed information which will be attached to the medical report when it is sent.]

Subject to the provisions of the Act, you have a right to see information about your medical condition for up to 6 months after it has been sent. If your family doctor or hospital specialist gives you a copy of the medical report at your request, they may charge you a reasonable fee to cover the cost of supplying it.

Family Doctor

Name.....
Address.....
.....Post code.....
Telephone number.....

IN CONFIDENCE

Hospital Specialist

Name.....
Hospital.....
Address.....
.....Post code.....
Telephone number.....
Hospital Registration Number.....

Under the terms of the Access to Medical Reports Act, 1988 [see above] do you wish to see the information about your medical condition which is supplied to our Medical Officer by your family doctor or hospital specialist?

Yes / NO

Declaration

By signing below, I agree to my family doctor and, if necessary, my hospital specialist, giving information about my medical conditions to the Medical Officer of Sutton's Hospital in Charterhouse. I understand that this information is in medical confidence and any advice provided to those involved in the selection of Brothers about my health relating to my possible entry as a Brother for which I am applying will be in general terms only. I also understand that should I wish to see the information supplied to the Medical Officer by my family doctor or hospital specialist, I may have to pay a reasonable fee for any report which is supplied.

Signature of applicant.....	Date.....
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IN CONFIDENCE – FINANCIAL STATEMENT

National Insurance number:..... Tax Code:.....

**Do you or your financial advisor complete an annual Self Assessment tax return for
HMRC:.....**

INCOME (net per annum)

From state retirement pension:	£.....
From other pensions (Please Specify):	£.....
From employment:	£.....
From investments: - Dividends or Stock interest	£.....
- Bank or Building society interest	£.....
- National Savings	£.....
From state benefits: - Type of benefit	£.....
- Type of benefit	£.....
Winter Fuel allowance:	£.....
Other sources e.g. Trusts, Annuities, Grants etc	£.....
Total	£.....

CAPITAL

Current account:	£.....
Stocks and shares:	£.....
Savings: - Banks, Building Societies, ISAs etc	£.....
- National Savings	£.....
Property:	£.....
Other (specify):	£.....
Total	£.....

I certify that this constitutes an entire record of my income and capital.

Signed:.....

Date:.....

FINANCIAL STATEMENT cont'd

Do you anticipate any material legacies?

Yes / No

If Yes, how much?

£.....

Have you made any gifts of capital during the last seven years?

Yes / No

If Yes, how much?

£.....

The amounts on your Financial Statement must be authenticated by an accountant or a solicitor

Name.....

Address.....

.....Post code.....

Signature.....

Official stamp

Date.....

A rectangular box with a black border, intended for an official stamp. It is currently empty.

Next of Kin - please supply two names

<p>1 Name.....Relationship.....</p> <p>Address.....</p> <p>.....Post code.....</p> <p>Telephone number.....</p> <hr/> <p>2 Name.....Relationship.....</p> <p>Address.....</p> <p>.....Post code.....</p> <p>Telephone number.....</p>

Solicitor - If you have a solicitor please give name, address and telephone number

<p>Name.....</p> <p>Address.....</p> <p>.....post code.....</p> <p>Telephone number.....</p>
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Lasting Power of Attorney (LPA) – Brothers must have an LPA (or EPA) in place on entry.

Do you have an LPA? Yes / No

Name and address of appointed attorney/ies:

<p>1 Name</p> <hr/> <p>Address</p> <hr/> <p style="text-align: right;">Post Code</p> <hr/> <p>Telephone Number</p>

2 Name
Address
Post Code
Telephone Number

Will - All Brothers of Charterhouse are required to make a will

Do you have a will? Yes / No

If you answer 'No', you will need to have both an LPA and a will in place before entry.

Where is your will kept?

My will is kept:-

If it is kept by your bank or solicitor, please state the name and address.

Name
Address
Post Code
Telephone Number

Executor[s] - Please give the name[s], address[es] and telephone number[s] of two executors

1 Name.....
Address.....
.....post code.....
Telephone number.....
2 Name.....
Address.....
.....post code.....
Telephone number.....

Criminal Record - do you have a criminal record?

Yes / No

If 'Yes' please supply confidential details under separate cover.

Referees - The names, addresses and telephone numbers of three independent referees must be provided.

1 Name.....

Position.....

Address.....

.....Post code.....

Telephone number.....

2 Name.....

Position.....

Address.....

.....Post code.....

Telephone number.....

3 Name.....

Position.....

Address.....

.....Post code.....

Telephone number.....

IN CONFIDENCE

What personal and social needs would be alleviated by a place at Charterhouse?

Do you have any means of support if Charterhouse were unable to offer you a place?

What would you contribute to the life of Charterhouse?

How did you learn about Charterhouse?

Declaration

I certify that the information given on this form is correct and complete to the best of my knowledge and belief and that I shall inform the Master of Charterhouse of any material changes. I understand that any false statement or omission may disqualify me from entry into Sutton's Hospital in Charterhouse or, if admitted as a Brother, could lead to expulsion.

I understand that I may be required to attend a medical examination

Signature	Date
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