

the Charterhouse

The Charterhouse Square, London EC1M 6AN



Application Form

for those seeking admission as a
Brother of the Charterhouse

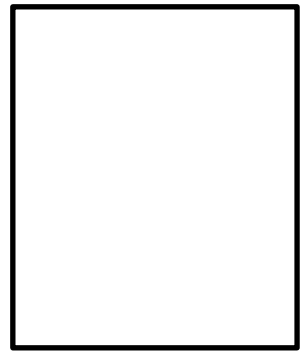
Name:

IN CONFIDENCE

the 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

Have you applied before?

Yes / No

Address

Post Code

Telephone number

e-mail address

Nationality

Place of Birth

Date of Birth

Age

National Insurance Number

NHS Number - if known

IN CONFIDENCE Status

1. Are you single? 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 (attach copy of decree absolute)		
Legally separated (attach copy of legal separation agreement)		

- | | | |
|----|---|----------|
| 3. | Do you consider yourself as having a ‘significant other’? | Yes / No |
| 4. | Have you been in a Civil Partnership | Yes / No |
| | If Yes, complete the following | |

	PLEASE TICK	SINCE WHEN
Partner died		
Legally separated (attach copy of legal separation agreement)		

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

Please state names and ages

Current Accommodation - Are you currently:

1. A homeowner Yes / No
2. A private tenant Yes / No

If Yes, please give details of your landlord, address, telephone number and email:

- Is the owner related to you? Yes / No

If Yes, what is the relationship?

- How long have you lived in the property?
- What is the monthly rental charge?

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

If Yes, please give details of your housing provider, address, telephone number and email:

- Is there a Warden Service? Yes / No
- What is the monthly rental charge?

4. Other Yes / No

If Yes, please give details:

- Is there a Warden Service? Yes / No
- What is the monthly rental charge?

Please give the following information about your present accommodation

RING ONE ° House ° Bungalow ° Flat ° Other (please state)

- Access to your home: Ground floor Yes / No
Lift only access Yes / No
Stairs Yes / No
- Within your home: How many stairs are there?
- Do you have your own: Bathroom Yes / No
Kitchen Yes / No
Garden Yes / No
- If any facilities are shared, please state which:
- Please state number of bedrooms:

Have you made any application for accommodation to another housing organisation or a Local Authority? Yes / No

If Yes, please state name and address of the organisation:

- Approximate date of application:
- What response have you had?

Education - with dates

SCHOOLS

UNIVERSITY / COLLEGE

DEGREES / DIPLOMAS / QUALIFICATIONS

Achievements and Awards

Hobbies and Interests

Religion - The 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.

- Are you a regular communicant member of the Church of England - Yes / No
[If No, move to question 5]

- If 'Yes' at which Church do you worship.....

- Do you or have you held any office - ordained or lay - in the Church - Yes / No

- If 'Yes' please state.....

- Are you a regular attender at a Church of another tradition - Yes / No

- If 'Yes' please state name and denomination of Church.....

.....

IN CONFIDENCE – MEDICAL DETAILS

Medical History - Those entering the Charterhouse must be fit in body and mind. A medical examination by the Medical Officer for the Charterhouse may 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 affect the information you have given during the assessment process.

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

If Yes, please give details

- Have you ever or are you at present taking any regular medicines - pills, tablets, injections etc?

Yes / No

If Yes, please list the medication

- Have you ever been an in-patient in hospital, attended out-patients or had an operation?

If Yes, please give details

Yes/ No

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

If Yes, why and with what result

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

If Yes, please give particulars for each occasion

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

If Yes, please give details

- Do you take regular exercise? Yes / No

If Yes, what?

Have you ever had any of the following? If Yes, please give details:

•	Migraine	Yes / No
•	Epileptic fits, fainting attacks, blackouts or other neurological disorders	Yes / No
•	Mental ill health, nervous breakdown depression requiring treatment	Yes / No
•	Heart trouble, rheumatic fever or high blood pressure	Yes / No
•	Asthma, bronchitis, tuberculosis or other chest disease	Yes / No
•	Gastric or duodenal ulcer digestive, bowel or eating disorder	Yes / No
•	Kidney or bladder trouble including stone or gravel	Yes / No
•	Arthritis, rheumatism or gout	Yes / No
•	Any back or joint trouble, including prolapsed disc	Yes / No
•	Any blood disease	Yes / No
•	Any skin disease	Yes / No

• Diabetes	Yes / No
• Eye disease	Yes / No
• Ear disease including infection vertigo and tinnitus	Yes / No
• Hernia	Yes / No
• Varicose veins	Yes / No
• A serious accident	Yes / No
• Incontinence of urine and/or faeces	Yes / No
• Received advice or treatment for a drug or alcohol related problem	Yes / No

Do you have any other noteworthy problem? If Yes, please give details:

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.

If admitted as a Brother, this will give us permission to approach your GP when we consider it necessary as a duty of care.

Family Doctor

Name.....

Address.....

.....Post code..... Tel No.....

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.....

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 Stocks interest £.....

- Bank or Building Society interest £.....

- National Savings £.....

From state benefits

- Housing Benefit (amount paid to you or direct to landlord): £.....

- Type of benefit: £.....

Winter fuel allowance £.....

Other sources e.g. Trusts, Annuities, Grants etc. £.....

OTHER FINANCIAL SUPPORT

Do you receive financial support from a relative, friend or otherwise? £.....

TOTAL £.....

CAPITAL

Current account £.....

Stocks and shares £.....

Savings

- Banks, Building Societies, ISAs etc £.....

- National Savings £.....

Property (UK and overseas) £.....

Other, including assets (specify: e.g. clock collection) £.....

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.....

Official stamp

Signature.....

Date.....

A large empty rectangular box with a black border, intended for an official stamp.

Next of Kin - please supply two names

1 Name.....Relationship.....

Address.....

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

Telephone number/s.....

2 Name.....Relationship.....

Address.....

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

Telephone number/s.....

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

Name.....

Address.....

.....post code.....

Telephone number/s.....

Lasting Power of Attorney (LPA) – Brothers must have an LPA (or EPA) in place on entry.

Do you have a Financial & Property LPA?

Yes / No

Name and address of appointed attorney/ies:

1 Name.....

Address.....

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

Telephone number/s.....

2 Name.....

Address.....

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

Telephone number/s.....

Do you have a Health & Welfare LPA?

Yes / No

Name and address of appointed attorney/ies:

1 Name.....

Address.....

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

Telephone number/s.....

2 Name.....

Address.....

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

Telephone number/s.....

Will - All Brothers of the 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/s.....

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

1 Name.....

Address.....

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

Telephone number/s.....

2 Name.....

Address.....

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

Telephone number/s.....

Criminal Convictions

Do you have any criminal convictions?

Yes / No

If yes, please give details on a separate sheet and attach it to this application form marked strictly confidential and with your name. This should exclude any spent convictions under Section 4 (2) of the Rehabilitation of Offenders Act 1974.

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

1 Name.....

Position.....

Address.....

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

Telephone number.....Email.....

2 Name.....

Position.....

Address.....

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

Telephone number.....Email.....

3 Name.....

Position.....

Address.....

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

Telephone number.....Email.....

Are you able to look after yourself and lead a fully independent life?

Yes / No

If No, in what respects do you need assistance?

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

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

What would you contribute to the community life of the Charterhouse?

How did you learn about the 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 the 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