

**IN CONFIDENCE**

# the Charterhouse

Charterhouse Square

London EC1M 6AN

Registered Charity Number 207773

Answers to these preliminary questions will assist in identifying areas for discussion and will be necessary to determine acceptance or otherwise. Further information may be requested in due course.

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## PERSONAL DETAILS

**Name**

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**Have you applied before?**

**Yes / No**

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**Address**

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Post Code

**Telephone number**

**e-mail address**

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**Nationality**

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**Place of Birth**

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**Date of Birth**

**Age**

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**National Insurance Number**

**NHS Number - if known**

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**Previous Occupation**

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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:.....

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### INCOME AND ALLOWANCES (net per annum)

From State Retirement pension £.....

From other pensions (please specify) £.....

From employment, consultancy or other work or services £.....

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, specify e.g. trusts, annuities, grants, royalties etc £.....

### OTHER FINANCIAL SUPPORT

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

**TOTAL £.....**

### CAPITAL

Current account £.....

Stocks and shares or other investments £.....

Savings

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

- National Savings £.....

Property (UK and overseas) £.....

Other, including assets (specify: e.g. clock collection, pictures, jewellery, car etc) £.....

**TOTAL £.....**

**Do you have any outstanding amounts payable?**

- Credit cards £.....
- Loans £.....
- Other £.....

**TOTAL: £.....**

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

Signed:..... Date:.....

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Do you anticipate any material legacies? Yes / No

If Yes, how much? £.....

Have you made any gifts of more than £1,000 during the last seven years? Yes / No

If Yes, how much? £.....

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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?
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## 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.

**About your illnesses or disabilities and the treatment or help you receive** If you need more space to tell us about your illnesses or disabilities, please continue on a separate page.

By illnesses or disabilities we mean physical, sight, hearing or speech difficulty or mental-health problems.

**If you have a spare up-to-date printed prescription list**, please send it in with this form. If you send in your prescription list you do not need to tell us about your medicines and dosage in the table below, but we still need to know your illness or disability.

You can find the dosage on the label on your medicine.

By treatments we mean things like physiotherapy, speech therapy, occupational therapy or visiting a day-care centre or a mental-health professional for counselling or other treatments.

**Please list separately details of your illnesses or disabilities in the table below.**

Name of illness or disability	How long have you had this illness or disability?	What medicines or treatments (or both) have you been prescribed for this illness or disability?	What is the dosage and how often do you take each of the medicines or receive treatment?
<b>Example</b> Alzheimer's	Two years	Aricept	10 milligrams (mg) One tablet a day
<b>Example</b> Kidney failure	One year	Dialysis	Two times a week
<b>Example</b> Partially sighted	About 10 years	None	None

Are you living independently i.e. are you able to conduct your daily life without the support of a care worker, a health worker or friends?

Yes / No

If No, please provide details.

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Do you have a pet? If yes, what type is it?

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**The ethos of being a Brother of the Charterhouse**

The Charterhouse buildings and staff provide accommodation for the Brothers, who enjoy privacy and independence while being part of a community which offers companionship and support. All members of the community do their best to accept the responsibilities of 'good neighbours' – to be unhurried, considerate, and practically helpful. We aim at expressing our founder's spirit of generosity and gratitude in the way we live.

I agree to follow this ethos.

**Signed:**.....

**Date:**.....