

HOSPITAL OF SIR JOHN HAWKINS, KNIGHT, IN CHATHAM
(Registered Charity No. 213213)

APPLICATION FOR ACCOMMODATION

The Hospital of Sir John Hawkins, by Charter, limits its eligibility to those who have served in Her Majesty's Armed Forces, RFA, British Merchant Navy or who have served in a civilian capacity in one of the Royal Dockyards. [see [guidance note 1](#)] Applicants should read the guidance notes which are provided in support of their completion of this application.

Applications should be completed in **Black Ink** and **Block Capitals**.

1. PERSONAL DETAILS:

Title	
Surname	
Forenames	
Nationality	
Date of Birth	
Address	
Postcode	
Home Phone	
Mobile Phone	
e-mail	

2. QUALIFYING SERVICE:

Service Number			
	Rank/Rate	From	To
Royal Navy			
Royal Navy Reserve			
Royal Marines			
Royal Marines Reserve			
Army			
Army Reserve			
Royal Air Force			
Royal Air Force Reserve			
QANNS			
QARANC			
PMRAFNS			
HM Dockyard			
RFA			
British Merchant Navy			

3. MARITAL STATUS:

STATUS	<input checked="" type="checkbox"/>
Single	<input type="checkbox"/>
Married	<input type="checkbox"/>
Civil Partnership	<input type="checkbox"/>
Widowed	<input type="checkbox"/>
Divorced	<input type="checkbox"/>
Cohabiting	<input type="checkbox"/>

4. EMPLOYMENT STATUS

	<input checked="" type="checkbox"/>
Retired (state retirement age)	<input type="checkbox"/>
Retired (below state retirement age)	<input type="checkbox"/>
Employed	<input type="checkbox"/>
Unemployed seeking work	<input type="checkbox"/>

Details of current employment (see guidance note 2)	
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5. PRESENT HOUSING ARRANGEMENTS:

Homeowner (freehold)	
Homeowner (leasehold)	
Rented social housing	
Private rented housing	
Charitable housing (provide details)	
Resident since (Date)	

6. HEALTH AND MOBILITY

(see guidance note 3)

	Self	partner
Able to live unaided		
Able to live unaided but with family support		
Able to live unaided but have health issues		
Able to live unaided on ground floor only		
Able to live unaided with reasonable adjustments		

7. NEXT OF KIN:

Primary		Secondary	
Relationship		Relationship	
Name		Name	
Address		Address	
Postcode		Postcode	
Home Phone		Home Phone	
Mobile phone		Mobile Phone	
e-mail		e-mail	
Power of Attorney	Yes/No	Power of Attorney	Yes/No

I have made a Will	Yes /No
My Will is held by	

8. REFERENCES:

(see guidance note 4)

Reference 1		Reference 2	
Name		Name	
Address		Address	
Postcode		Postcode	
Home phone		Home phone	
Mobile phone		Mobile phone	
e-mail		e-mail	
Relationship		Relationship	

9. CONFIDENTIAL FINANCIAL INFORMATION:

(see guidance note 5)

NET INCOME:		AMOUNT PER WEEK	
		Self	Partner
Pensions	State Retirement Pension		
	Widows Pension/Allowance		
	Industrial injuries disability benefit		
	War disability pension		
	War widows pension		
	Pension from a former employer		
	Widow's pension from a late husband		
	Pension credits (guaranteed credit)		
	Pension credits (savings credit)		
Allowances	Attendance allowance		
	Mobility allowance		
	Invalid care allowance		
	Severe disablement allowance		
	Disability living allowance (mobility)		
	Disability living allowance (care)		
	Employment support allowance		
Benefits	Incapacity benefit		
	Income support		
	Jobseekers allowance		
	Housing benefit		

	Council tax benefit		
		Self	Partner
Income from Employment	Employment 1		
	Employment 2		
	Employment 3		
Other	Maintenance received by yourself		
	Voluntary/charitable payments received		
	Rental income from properties		
Savings and Capital	Current accounts		
	Savings accounts		
	Building Society accounts		
	National Savings Certificates (state date bought)		
	Premium Bonds		
	Redundancy Payments (if in past twelve months)		
	Cash (including any money held at home)		
	Stocks (please give current value or name of company and number held)		
	Shares (please give current value or name of company and number held)		
	Unit trusts (please give current value or name of company and number held)		
	Any other capital		

10. STATEMENT OF TRUTH:

I/We declare that the information provided in support of this application is true. It is accepted that if it subsequently comes to the attention of the Governors that I/We have not been wholly truthful any appointment may be set aside.

Applicant 1:		Applicant 2:	
Signature		Signature	
Full name		Full name	
Date		Date	