

## James Brown Memorial Trust



*Kalyra Belair Aged Care  
Kalyra McLaren Vale Aged Care  
Kalyra Woodcroft Aged Care  
Kalyra Community Services  
Kalyra Heights Village, Belair  
The Heights Village, Bellevue Heights  
James and Jessie Brown Cottages*

**ABN 15 447 235 771**

In response to your enquiry regarding permanent Residential Care, please complete and sign the enclosed forms and return to me as soon as possible.

- Aged Care Client Record (ACCR) – full copy
- New Resident Application Information
- Health Summary from GP
- Personal Information Consent Form
- Centrelink/DVA Assets Assessment
- Copy of Enduring Power of Attorney/Guardian

When the above forms are completed, signed and returned, we will register the name of the person/s requiring care on our active waiting list.

**Unless contact is made every month, it will be assumed accommodation has been found elsewhere and your application will be withdrawn.**

If your circumstances change or you have other queries, please do not hesitate to contact me on 8278 5444.

**Natasha Forward  
Director of Care  
Kalyra Belair Aged Care**

**2 Kalyra Road  
Belair  
South Australia 5052**

**Correspondence to  
PO Box 196  
Blackwood  
South Australia 5051**

**Telephone (08) 8278 5444 / (08) 8278 0300  
Facsimile (08) 8278 3944  
website: [www.jamesbrown.org.au](http://www.jamesbrown.org.au)  
email: [trust@jamesbrown.org.au](mailto:trust@jamesbrown.org.au)**

*'In accordance with the Will of Jessie Brown, to perpetuate the memory of James Brown by providing and facilitating humanitarian services which improve the quality of life of those in need.'*

**Fully Accredited by the Aged Care Standards and Accreditation Agency and the Australian Retirement Village Scheme**

James Brown Memorial Trust



<b>NEW RESIDENT APPLICATION</b> RESPITE <input type="checkbox"/> PERMANENT <input type="checkbox"/> Belair <input type="checkbox"/> McLaren Vale <input type="checkbox"/> Woodcroft <input type="checkbox"/>	FORM NUMBER	A 35
	ISSUE NO	3
	FIRST ADOPTED	May 2012
	THIS REVIEW DATE	September 2015
	NEXT REVIEW DUE	September 2018

For RESPITE, dates Respite required: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

PLEASE ATTACH a copy of ACCR ASSESSMENT, MEDICARE and PENSION CARDS → COMPLETED

Title - Mr/Mrs/Ms/Miss First Name \_\_\_\_\_ Middle \_\_\_\_\_ Surname \_\_\_\_\_

Preferred Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender Male  Female

Current Address \_\_\_\_\_

Aboriginal or Torres Strait Islander Yes  No  Country of Birth \_\_\_\_\_

Primary Language \_\_\_\_\_ Secondary Language \_\_\_\_\_

Marital Status \_\_\_\_\_ Religion \_\_\_\_\_

Medicare Number \_\_\_\_\_ **Copy Attached**  Medicare Card Member No \_\_\_\_\_

Name as it appears on Medicare card \_\_\_\_\_

Medicare Card Expiry Date \_\_\_\_\_ (Month) \_\_\_\_\_ (Year) \_\_\_\_\_

Pensioner Status Full Pensioner  Part Pensioner  Non Pensioner  DVA

Centrelink Number \_\_\_\_\_ or DVA Number \_\_\_\_\_ **Copy Attached**

Private Health Fund \_\_\_\_\_ Membership No \_\_\_\_\_ Full cover  Extras only

Transport – Access Cab Number \_\_\_\_\_ Ambulance Membership No \_\_\_\_\_

Diabetes Assoc No \_\_\_\_\_ Nominated Hospital \_\_\_\_\_

Funeral Arrangements - Burial  Cremation  Funeral Director \_\_\_\_\_

**Primary Contact** – First Name \_\_\_\_\_ Surname \_\_\_\_\_

Postal Address \_\_\_\_\_

Primary Contact Phone W \_\_\_\_\_ H \_\_\_\_\_ M \_\_\_\_\_

Relationship \_\_\_\_\_ Email \_\_\_\_\_

**Secondary Contact** – First Name \_\_\_\_\_ Surname \_\_\_\_\_

Postal Address \_\_\_\_\_

Secondary Contact Phone W \_\_\_\_\_ H \_\_\_\_\_ M \_\_\_\_\_

Relationship \_\_\_\_\_ Email \_\_\_\_\_

**Next of Kin** – First Name \_\_\_\_\_ Surname \_\_\_\_\_

Postal Address \_\_\_\_\_

Next of Kin Contact Phone W \_\_\_\_\_ H \_\_\_\_\_ M \_\_\_\_\_

Relationship \_\_\_\_\_ Email \_\_\_\_\_

**Power of Attorney** – First Name \_\_\_\_\_ Surname \_\_\_\_\_

POA Contact Phone W \_\_\_\_\_ H \_\_\_\_\_ M \_\_\_\_\_

Power of Attorney Type - Enduring  Medical  Advanced Care Directive

**Guardian** – First Name \_\_\_\_\_ Surname \_\_\_\_\_

Guardian Contact Phone W \_\_\_\_\_ H \_\_\_\_\_ M \_\_\_\_\_

**Doctor** – First Name \_\_\_\_\_ Surname \_\_\_\_\_

Doctor Contact Phone Surgery \_\_\_\_\_ Fax \_\_\_\_\_

After Hours / Mobile \_\_\_\_\_ Email \_\_\_\_\_

Name of Person Completing this Form \_\_\_\_\_

Your relationship to the resident \_\_\_\_\_



## **PRIVACY STATEMENT**

### **(APP PRIVACY POLICY)**

The James Brown Memorial Trust (“the Trust”) values your privacy. This privacy statement is a summary of the way in which the Trust handles information about individuals.

The Trust is an entity that adheres to the Australian Privacy Principles contained in the Privacy Amendment Act, 2012 that became effective on March 12, 2014. A copy of the Australian Privacy Principles is available for viewing from the Trust at its Belair offices and from the Office of the Australian Information Commissioner.

In order that we may properly attend to your needs we will need to request information from you that may be of a personal or sensitive nature. The Trust understands and respects your right to privacy and this document has been prepared to advise you of how we deal with information that we collect about you. If you want to know more, please contact our Privacy Officer, Ms Sara Blunt, CEO, on (08) 8278 5444.

#### **What information about you do we collect?**

Prior to or at the time of your admission we will be asking questions about you to assist in the provision of our services to you. We collect personal information directly from individuals where possible. However, in some circumstances we may collect the information from organisations that refer individuals to us, from health service providers, or from relatives of the individual. We do this in order to have information to provide our services to you. The information may include, but is not necessarily limited to, the following:

- Your name and address details, date of birth and other contact details;
- Details of your medical practitioner(s) and other health care professionals;
- Information with respect to your current health and your medical history;
- Financial information including health insurance details;
- Details of family members including spouse, next of kin, relatives, guardians and persons we may need to contact in an emergency;
- Other applicable health information and personal information to provide service to you as clients / residents.

The main purpose as to why we collect this information is to enable us to provide services to you. The information may also be used for internal business purposes such as quality assurance.

While you are receiving services from us we may also be recording information about you that is necessary for us to provide services to you

#### **What do we do with the information we collect?**

Any information that we may collect about you is placed on a file which is kept secure at all times. We endeavour to ensure that only people who need to provide services for you access your file. The information we collect is used to help us in providing a service to you.

### **Who has access to the information collected?**

Only those people who need to refer to your file will have access. This will include staff who attend on you. Staff and others who may from time to time need to refer to your file to assist in providing services to you. This may include some people who are not staff of our organisation but whom it is necessary for us to discuss your case in order to properly provide a service to you.

The Trust will only disclose personal information outside of its operations to other health service providers as part of the provision of health services; to relatives, guardian or attorneys unless you request us to not disclose information to them; to contractors or agents who we engage as part of our provision of services to you, or to organisations that provide services to us such as our legal advisers; to government agencies that provide funding, to other aged care service providers that provide or may provide services related to our clients / residents.

Information is not generally disclosed to overseas recipients unless required to do so by law or in order to provide a service to residents or clients.

### **How is information about me protected?**

All personal information held about you will be continually supervised and securely stored. Only authorised staff will have access to your records while we hold the information.

### **Can I access my records?**

You may at any time request access to information we hold about you and, under the Australian Privacy Principles, you have a right to access personal information held about you, and to contact or update the information if you can confirm that it is not correct. A request for access is required in writing. Please contact our Privacy Officer (refer contact details below) for the process to request information. We may require you to provide proof of identity before information is released and/or access under supervision may apply in some circumstances.

The Trust may refuse a request for release of or access to information, because if, in the opinion of the Privacy Officer, the request is vexatious or frivolous; or if the purpose is for obtaining information which may be used against the organisation in legal proceedings; or if the release of information is prevented by law or which is likely to prejudice lawful enquiries. Furthermore, information will not be released if the release of such information is likely to endanger the life, health or safety of any individual, including the person requesting the information and the person about whom release of the information is sought.

If you have a concern about how your personal or sensitive information is handled or believe there has been a breach of the Australian Privacy Principles contact the Privacy Officer (details below) who will investigate your concern.

### **What if I require further information?**

If you wish to know more about how we deal with Privacy Issues please speak to our Privacy Officer or refer to our Privacy & Confidentiality Policy. It is available for you to read at your request.

Our contact details are:

Privacy Officer:	Ms Sara Blunt, CEO	Telephone:	(08) 8278 5444
	James Brown Memorial Trust	Fax:	(08) 8278 3944
	PO Box 196	E-Mail:	trust@jamesbrown.org.au
	Blackwood SA 5051		



<b>PERSONAL INFORMATION CONSENT (RESIDENTIAL)</b>	FORM NUMBER	A 68
	ISSUE NO	4
	FIRST ADOPTED	January 2001
	THIS REVIEW DATE	March 2015
	NEXT REVIEW DUE	March 2018

I consent to James Brown Memorial Trust collecting Personal Information about me or about the person I am representing. I understand that the collection of this information is required for use in providing services to me or to the person I am representing.

I understand the organisation may use the information for purposes related to their services, and may disclose information to other persons such as specialist medical practitioners or organisations which require the information to provide services directly related to the services being received. I have no objection to this.

Specifically, I do not wish the following persons to have information disclosed to them:

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I consent to information about the organisation's services, products, fund raising and other activities being sent to me.  Yes  No

I have signed this consent on the basis that:

(a) I have read James Brown Memorial Trust's Privacy Statement, which explains what information the organisation collects and how it uses and protects this information;

(b) I am aware that I may ask to read the organisation's Privacy and Confidentiality Policy at any time;

(c) I believe that I fully understand my rights to privacy in respect of information collected, used and disclosed about me (or about the person I am representing) and my rights of access to that information;

(d) I am aware that photographs of activities and events may include myself and may be displayed within the home e.g. Christmas group photos. (This excludes any photograph that will be published – a separate written consent will always be completed before any photo is published outside of the home);

(e) I understand that I may change or withdraw this consent in writing at any time.

Signature of Resident or Representative: \_\_\_\_\_

Date:     /     /