Help using this Veterans UK PDF form

About this form

- **You must download and save this form to your computer before using it**
- You can save data typed into this PDF form if you use the latest version of **Adobe Acrobat Reader**
- To download the latest version of Adobe Acrobat Reader free of charge go to the Adobe website
- This means that you do not have to complete this form in one session

The form will not save in

- older versions of Adobe Acrobat Reader
- other pdf readers, for example Preview or Foxit on a PC

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Ministry of Defence

Ilford Park Polish Home
Assessment of Need Application Form

Please return the completed application form to:

The Manager
Ilford Park Polish Home
Forest Road
Stover
Newton Abbot
Devon
TQ12 6QH

Tel: 01626 353961
Email: dbsafvs-Ilford-Park-Polish-Home@mod.gov.uk
Web: www.veterans-uk.info/welfare/ipph.html

If you require any additional information, or require any help filling out this form, please do not hesitate to contact the Home and ask for the Duty Manager.

Proszę odesłać wypełnione podanie do:

The Manager
Ilford Park Polish Home
Forest Road
Stover
Newton Abbot
Devon
TQ12 6QH

Po dodatkowe informacje, lub pomoc w wypełnieniu tego podania, proszę skontaktować się z Domem i poprosić o Duty Manager (Kierownik na Dyżurze).

APPLICANT DETAILS

Name of Applicant

Address

Postcode

Telephone Number

Email address

Date of Birth

REASON FOR ASSESSMENT

Please provide details

DETAILS OF PERSON COMPLETING FORM

Name

Relationship to Applicant

Agency (if appropriate)

Address

Postcode

Telephone Number

Date

MEDICAL DETAILS

GP

Address

Postcode

Consultant

Hospital

Ward

Address

Postcode

Preferred contact

Is there a TEP form in place? Yes No

Current medication

Allergies and intolerences

DAILY LIVING

Please indicate if you are able to manage the following:

Personal hygiene (shower, bathing)	☐	Continence needs	☐
Use toilet	☐	Dress and undress	☐
Manage medications	☐	Nutrition (eating and drinking)	☐
Special dietary needs	☐	Care at night	☐

MOBILITY

Please tick all that apply:

History of falls	☐	Walks unaided	☐
Walks with use of aids	☐	Wheelchair dependent	☐
Aware of personal safety - risk	☐		

Please add any additional information that may be relevant.

GENERAL HEALTH

Are there aspects of health that affect daily life? ☐ Yes ☐ No

Please describe (to include skin conditions, breathing problems).

EMOTIONAL WELLBEING/MENATL HEALTH

Please indicate concerns about memory, confusion, behaviour, relationships, mood, self esteem, anxiety, sleeping, use of alcohol/drugs.

COMMUNICATION

Please describe abilities with the following:

Sight

Hearing

Communicating

Understanding

Do you need help to communicate? ☐ Yes ☐ No

Aids used:

Glasses ☐ Hearing Aid ☐

Current Optician

Address

Postcode

Dentist

Address

Postcode

Do you have dentures? Yes No

Other

SOCIAL RELATIONSHIPS / LEISURE ACTIVITIES

Please indicate details of any family or friends that you wish us to support in maintaining relationships.

What leisure activities do you enjoy?

FINANCE

Are you capable of managing your own financial affairs? Yes No

Are you able to manage your personal allowances safely and securely? Yes No

Does anyone have legal authority to manage your finances on your behalf? If yes, give details below Yes No

Name

Address	
Postcode	

Please add any further information that will enable us to meet with your required needs.

DATA PROTECTION

How the MOD collects and uses personal information

The Ministry of Defence (MOD) is committed to protecting the privacy and security of your personal data and the MOD Privacy notice explains your rights and provides information that you are entitled to under UK data protection legislation. It is important that you read this notice, together with any other privacy notice that may be provided when we collect or process personal information about you so that you are aware of how and why we are using such information. The MOD Personal information charter contains the standards you can expect when we ask for, hold or share your personal information and your rights under the law.

DECLARATION

I confirm that all information is correct to the best of my knowledge and authorise an MoD Records Check on my/my spouses behalf.

I understand that

- If I knowingly give false information, I may be liable to prosecution.
- In accordance with Data Protection legislation, the Ministry of Defence will collect, use, protect and retain the information on the form in connection with all matters relating to personnel administration and policy.

Remember – You must sign this form yourself if you can, even if someone else has filled it in for you. If a representative who acts as a Power of Attorney or Appointee for the claimant is signing this form, they must enclose evidence to show that they are the legal representative.

CONSENT FOR EMAIL CORRESPONDENCE

Veterans UK is happy to conduct correspondence with customers via a nominated email address if that is their preference. There are some types of personal information we would not be able to include in an email correspondence, which are listed below:

- I authorise Veterans UK or the MOD to use email whenever possible in its correspondence with me via my nominated email address shown on the front of this claim form. I accept that the information may include my personal details excluding bank account numbers, National Insurance number, medical details and any other information that could compromise my identity
- I understand that correspondence transmitted by email may be open to abuse because it is transmitting over an unsecured network. I accept that the MOD will not be liable for any loss, interception or unauthorised use of information transmitted this way. I am content for Veterans UK to correspond with me from the email address shown at the front of this claim form.

Do you wish to correspond via email? ☐ Yes ☐ No

SIGNATURE OF APPLICANT

Signature of applicant(s) or Representative

Date