



The French Hospital Resident Application Form A

I understand that by completing and submitting this application form to the French Hospital I give my consent to the French Hospital to hold the details stated on it on record for the duration of my stay. I further consent to those details being passed to the Huguenot Library when I leave the French Hospital, those details then being held within the archives of the French Hospital to be used for historical purposes only, and in accordance with the provisions of the Data Protection Act 1998.

Note: If a friend or relative is to share your flat with you Form B must also be completed.

Personal Details of Applicant

Title (Mr./Mrs./Miss/Other):

Surname:

Christian Names:

Place of Birth:

Date of Birth:

Serial No of Birth Certificate:

Religion:

Address:

Post Code:

Telephone Nos:

E-Mail:

Nat Ins No:

State whether you are married, widowed or divorced:

Present or Former Occupation or Profession:

State your present state of health:

Outline Details of your French Protestant/Huguenot Descent or Connections by Marriage:

Attach additional sheets / documents as necessary, including copy of Birth Certificate

Outline the circumstances that give rise to your charitable need:

Additional information that might support your application:

How did you hear about The French Hospital?

Huguenot Society/Website/Friend/Relative/TV Programme/Advert/ Other (please specify):

Your Doctor's Details

Name and Initials:

Address:

Post Code:

Tel No:

(Your doctor will be asked to communicate separately, and in confidence, with the French Hospital's doctor about your general health after your interview. The Clerk will brief you on the procedure and provide the appropriate certificate and letter to your doctor)

Next of Kin:

(Other than any relative who will share your flat)

Title: Mr/Mrs/Miss/Other:

Name (and Initials):

Address:

Post Code:

Tel Nos.

Statement of Income and Savings

Retirement Pension (give monthly amount and source/s):

Total Amount of Savings and/or other Capital Investments:

Yearly Income from Investments:

Amount of Annuity and from what source:

Details of any Property owned and of any Income from it:

Is property mortgaged?:

Monthly income from any current job or career:

Statement of Present Expenses

Approximate Total of Regular Monthly Expenditure:

Referees

Contact Details of two Persons, preferably not relatives, to whom Reference can be made after Applicant has attended for Interview.

Referee A

Title:Mr/Mrs/Miss/Other:

Name (and Initials):

Address

Post Code:

Tel Nos:

Referee B

Title:Mr/Mrs/Miss/Other:

Name (and Initials):

Address

Post Code:

Tel Nos:

I hereby certify that the above details are correct. I understand that by completing and submitting this application form to the French Hospital I give my consent to the French Hospital to hold the details stated on it on record for the duration of my stay. I further consent to those details being passed to the Huguenot Library when I leave the French Hospital.

Signed: _____ Date: _____