

HAWTHORNE TRUST LIMITED

APPLICATION FOR CHRISTIAN SCIENCE NURSING CARE

PLEASE do not make arrangements to come until you know that your admission has been accepted. Completion of this form does not constitute acceptance of your admission to Charton Manor.

1. NAME IN FULL (Mr. Mrs. Miss Ms, Title)
Address
..... Post Code
E-mail Tel. No
Date of birth (a legal requirement): Place of birth:
Your occupation (or former occupation, if retired):
Spouse's full name and occupation (even if deceased):
Your Maiden name (if married) or Father's full name (if unmarried):
2. Are you a member of The Mother Church?
Please give the name of your branch church or society, and details of present and previous church activities:
Have you had class instruction? Yes / No If so, with whom?
3. How long have you been studying Christian Science?
Do you use the Bible, together with Science and Health with Key to the Scriptures, and other works by Mary Baker Eddy, as your only textbooks in Christian Science? Yes / No
4. Have you stayed at a Christian Science House within the last two years?
If so when?
5. Do you use tobacco and/or intoxicating drinks?
Have you consulted a doctor or other specialist within the last three months?
If so, when and for what purpose?
Have you used drugs or any material remedies, including laxatives within the last 90 days? Yes / No
If so, have these been discontinued? When?
6. Please give the name of your Christian Science practitioner:
(one who is currently listed in The Christian Science Journal)
7. When did you last consult your Christian Science practitioner?
It is essential that the practitioner be asked to contact Charton Manor. Has this been done? Yes / No
8. Can you describe in simple terms why you need Christian Science nursing care?
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(Please turn over)

9. Full name of Next of Kin, *or if no Next of Kin*, Authorised Representative:
- Address
- Post Code
- Relationship: Tel. No
- Religious affiliation of relative:
- If you have no immediate next of kin please give the name of someone who is familiar with your affairs: Tel. No:
- Are members of your immediate family Christian Scientists?
10. Please give the address to which you will return on leaving Charton Manor?
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11. What are your interests and hobbies?
12. I do / do not wish to be involved in the detail of my Christian Science nursing care plan. [delete as applicable]
13. Do you have A Lasting Power of Attorney? Yes / No If so & admitted, please bring a copy with you.
A Living Will? Yes / No If so & admitted, please bring a copy with you.

TO BE SIGNED BY ALL APPLICANTS

I understand:

- that all those entering a Christian Science House rely entirely on Christian Science for healing, that no material remedies may be used and that no medical attention is provided, nor may any medical examinations be made on the premises;
- that all physical conditions must be stated above and be cared for by the Christian Science nursing staff of the House;
- that all accommodation offered at the House is temporary, and each admission will be regularly reviewed. If at any time during my stay the management should ask me to withdraw, I will willingly and promptly comply with the request; and
- that, should I change my mind, the Christian Science nursing staff will assist me to make arrangements to seek alternative treatment at a different location.

I have read and understood the Hawthorne Trust Benevolence Policy.

I hereby make my application for admission and agree to the terms as stated herein.

Signature: Date:

Your co-operation in answering all the above questions is appreciated.

Hawthorne Trust Limited, Charton Manor, Gorse Hill, Farningham, Kent, DA4 0JT
Tel: 01322 863116 Fax: 01322 866248 Email: mail@chartonmanor.org

Hawthorne Trust Limited has a Data Protection Policy that sets out how we handle your data and your rights under the law. More information can be found at our website www.chartonmanor.org or is available on request.