

CARMEL COURT

SUPPORTED RESIDENTIAL FACILITY

SCHEDULE 3

This statement to be provided to a person before the execution of a resident contract.

You should seek independent legal advice if you are unsure about any aspect of this document, or of any document which you are required to sign or which is provided to you in relation to your residency at Carmel Court.

You have a period of fifteen (15) business days after;

- a) The date of any contract which you may sign: or
- b) The date of the supply of this statement, the rules and policies of the facility and an outline of a service plan. (whichever is the latter)

IN WHICH YOU MAY WITH DRAW FROM THE CONTRACT.

YOU ARE ADVISED TO CAREFULLY CONSIDER ANY DOCUMENTS PROVIDED TO YOU.

The following information is in relation to the facility and services.

1. FACILITY

1.1 The facility is situated at 39 Myall Avenue, Kensington Gardens

1.2 Proprietors details Name: Dr Ravi and Seema Jain
 39 Myall Avenue, Kensington Gardens
 Home: 8331 3623
 Work: 0403515541

2. ACCOMODATION

2.1 The type of accommodation available to you is single and twin share with shared bathroom.

A layout of the accommodation is attached to this document.

A bed holding fee will be involved after a period of 14 days absence.

The bed folding fee will be *70%* of the weekly fee.

3 . SERVICES

3.1 Services provided or offered by the facility

Laundry - Washing and ironing
Medication - Supervision and/or assistance
Personal Hygiene - Assistance with showering and shaving, dressing etc.
Podiatry - visiting Podiatrist every 6-8 weeks
Hairdressing - visiting hairdresser every 6-8 weeks
Arrangements of Doctors appointments (if necessary)

4. YOUR PAYMENT

4.1 You are required to pay the following amount on the commencement of the resident contract.

Board 2 Weeks in advance currently \$735.99

4.2 Recurrent charges. The following fees and charges are payable while you remain a resident of the facility.

Board & Lodgings \$735.99 per fortnight.

The fees are reviewed on a 6 monthly basis.

Residents are given two weeks' notice of any increase.

5. ROUTINES AND TIMES

5.1 The following routines apply at the facility:

- Beds are made weekly unless circumstances dictate otherwise.
- Linen is changed weekly.
- Rooms cleaned weekly unless circumstances dictate otherwise. Residents responsibility to be kept neat and tidy at all times.

5.2 You will be expected to observe the following time requirements while you are a resident at the facility.

Meals times as follows

	Weekdays	Weekends/Public holidays
Breakfast	8.00am	8.30am
Lunch	12.00 noon	12.00 noon
Afternoon Tea	2.30pm	2.30pm
Dinner	5.00pm	5.00pm

6. COMPLAINTS

Any complaints or grievances can be discussed with management at any time or attended to as the Grievance policy set out in the prospectus

7. YOUR FUTURE POSITION

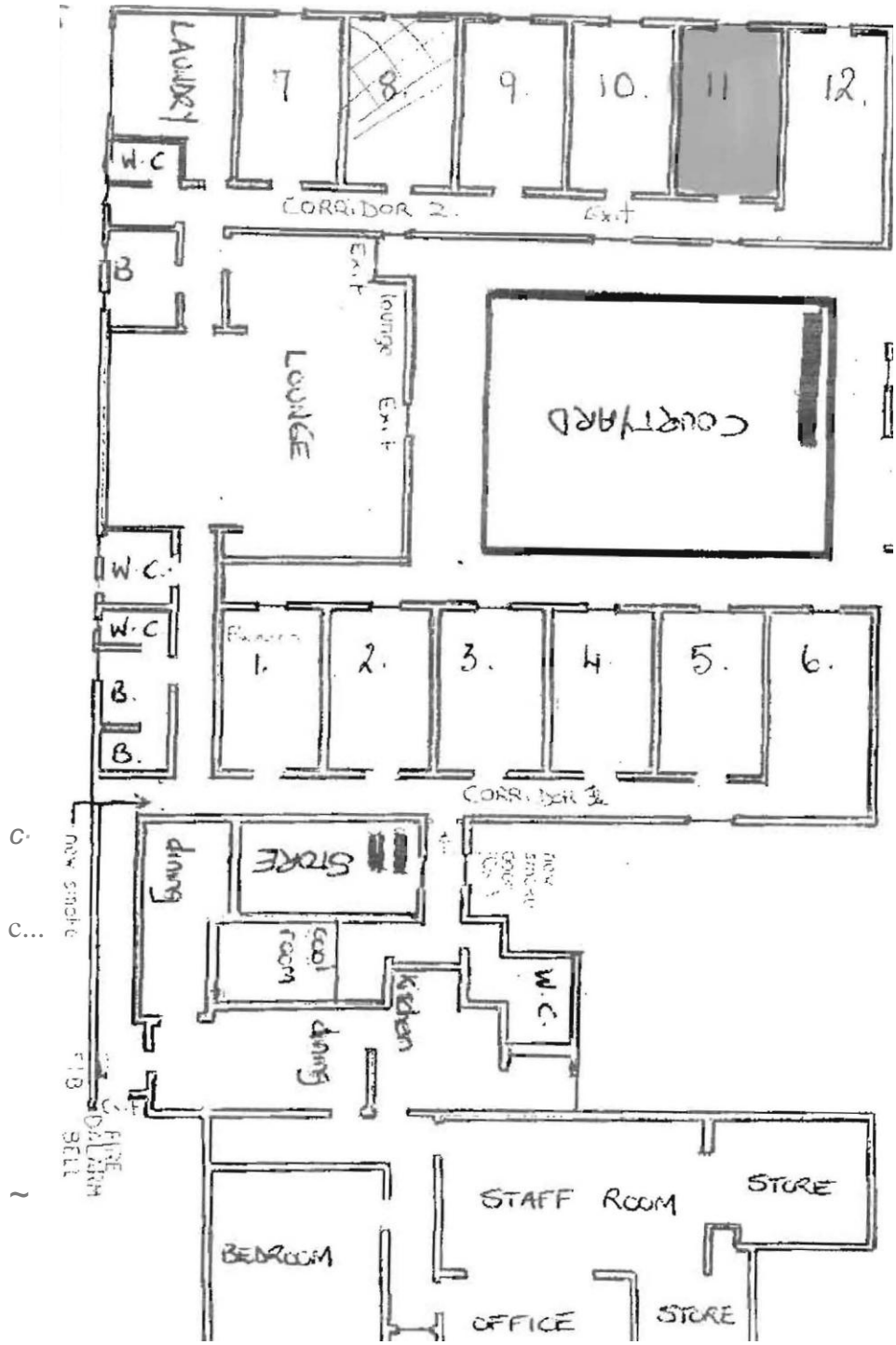
You may be required to observe certain rules and policies as per the Prospectus and grievance Dispute Policy.

Please ensure that you read a copy of any rules and policies before you agree to sign any documents.

8. Death or unexplained Absence

Should a resident die whilst at the facility the following procedures will be undertaken by the appropriate staff or management:

- Contact resident's private physician /locum Doctor
- Inform Police
- Inform next of kin/relatives/representatives
- Inform Public Trustee if necessary
- Contact Funeral Directors if required
- Eastern Health Authority will be informed if ambulance services are requested or any untoward medical event occurs including death of a resident.



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CARMEL COURT PERSONAL DETAILS REGISTER

NAME: -----

D.O.B. -----

LAST ADDRESS: -----

DATE OF ARRIVAL: ----- DEPARTURE:-----DEATH:-----

PENSION NO: ----- MEDICARE NO: -----

AMBULANCE COVER: -----

NEXT OF KIN: -----

RELATIONSHIP: -----PHONE NO: -----

NEXT OF KIN: -----

RELATIONSHIP: -----PHONE NO: -----

DOCTOR: ----- PHONE NO: -----

ADDRESS: -----

DENTIST: -----PHONE NO: -----

REFERRING AGENCY: -----PHONE NO: -----

RELIGIOUS BELIEFS: -----

LANGUAGE SPOKEN: -----

FUNERAL ARRANGEMENTS: -----

NAME OF ANY FRIENDS: -----

ANY SIGNIFICANT INFORMATION: -----