EXPRESSION OF INTEREST
FOR ENTRY TO SERENE RESORTS

APPLICANT NAME: (Mr./Mrs./Ms.).....
APPLICANT ADDRESS .....
.....
APPLICANT CONTACT NUMBER: Residence ..... Mobile .....

TYPE OF STAY	**Date of Application/ EOI** ..... / ..... / .....
☐ Trial Period (for two weeks)	Dates Required: ..... / ..... /..... to ..... / ..... / .....
☐ Short Stay (Less than one year)	Dates Required: ..... / ..... /..... to ..... /..... / .....
☐ Long Stay (more than one year)	Dates Required: ..... / ..... /..... to ..... /..... / .....

PREFERRED RESIDENTIAL UNIT DETAILS
Unit Number: .....

PROSPECTIVE RESIDENT DETAILS – Occupant 1			
Title: ☐ Mr. ☐ Mrs. ☐ Miss. ☐ Other			
Name with Initials:			
Given Name/s:			
Last Name:			
Preferred Name:		Date of Birth:	
Country of Birth:		Nationality:	
Preferred Language:		Religion:	
Marital Status:	☐ Married ☐ Widowed ☐ Single ☐ Other		
Home Address:			
Home Phone:			
Email Address:			
Current Location: (if different from home address)			
Employment	Retired ☐ Working Part-time ☐ Par-time Consultancy ☐		

PROSPECTIVE RESIDENT DETAILS - Occupant 2			
Title: ☐ Mr. ☐ Mrs. ☐ Miss. ☐ Other			
Name with Initials:			
Given Name/s:			
Last Name:			
Preferred Name:		Date of Birth:	
Country of Birth:		Nationality:	
Preferred Language:		Religion:	
Marital Status:	☐ Married ☐ Widowed ☐ Single ☐ Other		
Home Address:			
Home Phone:			
Email Address:			
Current Location: (if different from home address)			
Employment	Retired ☐ Working Part-time ☐ Part-timeConsultancy ☐		

Self Assessment on "Activities of Daily Living" (ADL)		
Definition of ADL - routine activities that people tend to do every day without needing assistance		
	Occupant 1	**Occupant 2**
Eating	☐ Independent ☐ Needs Help	☐ Independent ☐ Needs Help
Bathing	☐ Independent ☐ Needs Help	☐ Independent ☐ Needs Help
Dressing	☐ Independent ☐ Needs Help	☐ Independent ☐ Needs Help
Toileting	☐ Independent ☐ Needs Help	☐ Independent ☐ Needs Help
Walking	☐ Independent ☐ Needs Help	☐ Independent ☐ Needs Help
Continence	☐ Independent ☐ Needs Help	☐ Independent ☐ Needs Help
Any other remarks (please write)		

Terms & Conditions

- Please ensure the form is completed in full
- In the event that a place is offered at your choice in Serene Resorts Limited, further personal, medical and background information will be sought to ensure the highest standard of care.
- You are required to pay the Admission Fee (Application Processing Fee), as per the type of stay at the residence

DECLARATION

I / We,……
(Full Name(s)

of ……
(House Number & Street Name) *(Town)* *(City)*

sincerely declare that I / we have read and understood the information in this expression of interest form and that the answers to all the questions in this regard is to the best of my / our belief true and correct in every particular and is in no way false, inaccurate, incomplete, misleading or deceptive.

Signature: ……. Date: …… / …… / ……
(Occupant 1)

Signature: ……. Date: …… / …… / ……
(Occupant 2)