

Buckreddan Care Centre
Customer Enquiry Form

Date enquiry received; _____ Received by; _____

Enquiry received via; visit/telephone/e-mail/other _____

Information pack provided Yes/No

Enquirers Details

Name; _____ Address; _____

Telephone No.; _____ Relationship to prospective resident

Prospective Residents Details

Name; _____ Address; _____

D.O.B. _____

Telephone No.; _____ Currently residing at

Social Workers Name; _____ Telephone No.; _____

Local Authority; _____

Assessment completed Yes/No

Residential/Nursing/Under Pension Age

Other relevant information;