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Application to Kidney Health Australia

Expression of Interest - WA



Booking information:

Thorpe Street, Morley WA 6062

Patient 1 contact details:

Gender: Male Female
 Title: Mr Mrs Miss Ms
 First name:
 Surname:
 Permanent address:

 Town/Suburb:
 State: Postcode:
 Email:
 Date of birth:
 Mobile:
 Other phone:

Reason for stay:

- Kidney transplant recipient
- Kidney transplant donor
- Dialysis training

Expected dates required as approved by specialist:

Expected date of transplant (if app):
 Accommodation check in:
 Accommodation check out:

Important note:

check in/check out only available on Tue, Wed or Thur (during business hours)

Patient 1 - total number of night's stay:

Pension/Health Care Concession Card holder:

- Yes
- No

Patient 2 contact details:

Gender: Male Female
 Title: Mr Mrs Miss Ms
 First name:
 Surname:
 Permanent address:

 Town/Suburb:
 State: Postcode:
 Email:
 Date of birth:
 Mobile:
 Other phone:

Reason for stay:

- Kidney transplant recipient
- Kidney transplant donor
- Dialysis training

Expected dates required as approved by specialist:

Accommodation check in:
 Accommodation check out:

Important note:

check in/check out only available on Tue, Wed or Thur (during business hours)

Patient 2 - total number of night's stay:

Pension/Health Care Concession Card holder:

- Yes
- No



Carer/Escort contact details (if app):

Gender: Male Female
Is the carer accompanying a patient who is under 18 years of age or are they a 'patient escort' who has been deemed necessary by the patient's approved specialist?:

Yes No
Title: Mr Mrs Miss Ms

First name:

Surname:

Permanent address:

Town/Suburb:

State: Postcode:

Email:

Date of birth:

Mobile:

Other phone:

Pension/Health Care Concession Card holder:
 Yes No

Will the escort be caring for (if applicable):
 Patient 1 Patient 2 Both

Expected dates required for carer as approved by specialist:

Accommodation check in:

Accommodation check out:

Important note:
check in/check out only available on Tue, Wed or Thur (during business hours)

Carer - total number of night's stay:

If there is an additional carer for Patient 2, please indicate details below:

Emergency contact:

First name:

Surname:

Telephone:

Relationship to patient(s) or carer:

Practitioner details:

Referring hospital (if applicable):

Transplant hospital:

Hospital Social Worker (if applicable):
First name:

Surname:

Telephone:

Hospital Transplant Coordinator (if applicable):
First name:

Surname:

Telephone:

Other information:

Please detail any other information you feel may be relevant to your stay e.g. disability access, allergies

Are either of the patients staying in the house of Aboriginal or Torres Strait Islander origin?

Yes No

Please indicate Patient 1 or Patient 2:

Bond:

A fully refundable bond of \$200 is required at least two days prior to the confirmed check-in date. Please transfer the \$200 to:

Account name: The Australian Kidney Foundation

BSB: 013-423

Account number: 8377-43332

Quote reference: THWA (and your surname)

*Note: check-in is unable to take place if the bond has not been provided.

Bond return:

Please provide your account details below for refund of bond within one week of check-out (Note: bond will be refunded provided there has been full compliance with the lease agreement):

Account name:

BSB:

Account number:



Important information and charges:

tick box for number of occupants:

1 2 3 4 5

I am aware that I will need to sign a lease agreement at check-in and provide KHA with a \$200 bond via EFT at least two days prior to check-in. This bond will be fully refunded within one week of check-out providing compliance with the lease agreement and no breakages or damage to the apartment or furnishings	<input type="radio"/> Yes <input type="radio"/> No
I am aware that I am responsible for liaising with PATS WA or relevant state travel assistance scheme to cover the cost of the accommodation (assistance can be provided by the hospital social worker)	<input type="radio"/> Yes <input type="radio"/> No
I am aware that the minimum length of stay is 14 days and the maximum stay is 42 days (unless otherwise agreed with KHA)	<input type="radio"/> Yes <input type="radio"/> No

Confirmation and cancellation:

I am aware that this form is an expression of interest only and is not confirmation of a booking. A KHA representative will contact you to advise if the accommodation is available at your requested time and to confirm your booking.	<input type="radio"/> Yes <input type="radio"/> No
If at any time I need to cancel a confirmed booking I will contact Kidney Health Australia (see details at bottom of this form) as soon as possible. This may enable another person or family to use the accommodation.	<input type="radio"/> Yes <input type="radio"/> No

If you answered NO or did not complete any of the above questions, a KHA representative will contact you to discuss.

How did you hear about Emorgo Kidney Transplant House?:

Media/Promotion:

please tick box:

I am comfortable being photographed or filmed for the discretionary use of KHA, including taking part in media interviews, to promote the Transplant Housing program to potential guests or commercial partners. I agree that Kidney Health Australia and/or their approved sponsors, partners and other agencies may use this material (or any copies of it) for publication and advertising now or in the future, including in KHA social media channels.	<input type="radio"/> Yes <input type="radio"/> No
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For further information please contact:
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