



Application to Kidney Health Australia



Expression of Interest

Booking information:

Kidney Transplant Housing WA location:

FAITH- Haywood and Hutchison House
(5A and 5B Thorpe St, Morley, WA)

Reason for stay:

- Kidney transplant recipient
- Kidney transplant donor
- Dialysis training

Will another patient undergoing surgery e.g. donor or recipient, be staying with you at the same accommodation:

- Yes
- No

If yes, please list the name of the other patient:

Additional patient booking number (if known):

Expected dates required:

Accommodation check in:

Accommodation check out:

Important note:

check in/check out only available during business hours

Expected date of transplant:

Expected length of hospital stay:

Patient contact details:

Gender: Male Female

Title: Mr Mrs Miss Ms

First name:

Surname:

Permanent address:

Town/Suburb:

State: Postcode:

Postal address (if different to above):

Email:

Date of Birth:

Mobile:

Home phone:

Work:

Preferred:

Pension/Health Care Concession Card:

- Yes
- No

Emergency contact:

First name:

Surname:

Mobile:

Work:

Home phone:

Relationship to patient:



Carer/Escort contact details (if app):

Gender: Male Female

Is the escort 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:

Postal address (if different to above):

Email:

Date of Birth:

Mobile:

Home phone:

Work:

Preferred:

Pension/Health Care Concession Card:

Yes No

Emergency contact:

First name:

Surname:

Mobile:

Work:

Home phone:

Relationship to escort/carers:

Practitioner details:

Referring hospital (if app):

Transplant hospital:

GP:
First name:

Surname:

Clinic name:

Telephone:

Hospital Social Worker (if app):
First name:

Surname:

Telephone:

Hospital Transplant Coordinator (if app):
First name:

Surname:

Telephone:

Other information:

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



Important information and charges:

tick box for number of occupants:

1 2 3 4 5 6

I am aware that I will need to sign a lease agreement prior to moving in and provide KHA with a bond of \$200. This bond will be returned upon departure providing there are 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 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 2 weeks and the maximum stay is 3 months (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 Katrina Fromson, Transplant Housing Program Coordinator WA for 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 to any of the above questions, a KHA representative will contact you to discuss.

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 about WA Kidney Transplant Housing, please contact:

Justine Bell-Morris

Fax: 08 6160 9599

Email: Justine.Bell-Morris@kidney.org.au

Telephone: ~~08 6160 9501~~ 08 6160 9501

Post the Expression of Interest Form to:
**Justine Bell-Morris, WA Programs Coordinator,
Kidney Health Australia, GPO Box 9993, Perth**