

Please send this form when completed to:
FirstStop Advice, c/o EAC, 3rd Floor, 89 Albert Embankment, London, SE1 7TP



Care Fees Advice Application

(Private and Confidential)

1. Applicant's details (the person needing care)

Full Name (including title)			
Address			
Email		Postcode	
Telephone	Day	Evening	
Marital Status			
	Self	Partner	
Date of birth (dd/mm/yy)			
Health (good/average/poor)			

Name and address to whom correspondence should be sent if different

Relationship to applicant			
Full Name (including title)			
Address			
Email		Postcode	
Telephone	Day	Evening	

2. Financial information

Does the applicant own a property?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Total capital and savings (excluding primary residence)	£	

3. Care details

Type of Care (please tick)	Home Care <input type="checkbox"/>	Care Home <input type="checkbox"/>	Care Home with Nursing <input type="checkbox"/>
Is an Enduring/Lasting Power of Attorney or Deputyship Order held?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Important information to be read and signed by applicant(s) or their legal representative only Personal data I/we declare and agree with the statements below:

To enable FirstStop Advice and its panel of Care Fees Advisers to conform with the Data Protection Act 1998 I/we agree that the Care Fees Adviser may use the information I/we have supplied to make recommendations and administer my/our application (should I/we decide to apply for investment products). Any personal information I/we provide will be treated as private and confidential, and held and processed, on computer or otherwise, by the Care Fees Advisers as a result of my/our application (whether or not it proceeds) or any subsequent agreement.

I/we declare that the statements and particulars given in this questionnaire are, to the best of my/our knowledge and belief, true and complete.

I/we hereby authorise you to disclose and discuss with the following person, any information or correspondence that may arise from my/our enquiry.....

And/or I have legal authority to discuss affairs relating to the person(s) needing care.

Signature	Date
Signature	Date