

*New / Amended / Cancel Standing Order Mandate

Please fill in the whole form using a ball point pen and send it to:

Rockley Dene Homes Ltd
36 Railway Approach
Harrow
Middlesex
HA3 5AA

Name and full postal address of your Bank or Building Society

To: The Manager of		Account number:		
		Reference no: (if applies)		
Address:		Sort code:		
		Name of Account holders:		
		1.		
Postcode:		2.		
Reference to be quoted:	1st payment:	Amount of payment:	Amount of payments in words:	Date of 1st payment:
	And then every _____ week(s)/month until further notice			

SIGNATURE OF ACCOUNT HOLDER(S): 1. _____

2. _____

Account to be credited:
Cambridge Manor Care Home

Branch:
Natwest Bank Plc
10 St. Peter's Street
St. Albans, Herts, AL1 3LY

Sort Code Number:	ACCOUNT NUMBER							
60-18-11	1	7	2	6	5	4	5	2



This cancels any previous instructions.



Please complete the form overleaf, tear and return the form to TLC Care

Rockley Dene Homes Ltd, 36 Railway Approach, Harrow, Middlesex HA3 5AA



Resident's/Third Party Admission Agreement



Contract No: _____

Copy: **White**- Head Office **Pink** - Care Home **Yellow** - Resident

This Agreement sets out the terms and conditions which apply to the admission of the Resident made between (1) Resident (2) Company and (3) Guarantor (if any) conditions set out in the attached booklet 'Resident's Terms and Conditions,' dated October 2019 (the 'Booklet') form part of this Agreement.

1. Resident's Name _____

MR/MRS/MISS/MS/DR/REV/Other: _____

Date of Birth: _____

National Insurance No: _____

2. Name & Address (of the person responsible for paying the fees stated below): _____

_____ Post Code: _____

Tel No: _____ Mobile: _____ Email: _____

3. The Company: **Rockley Dene Homes Ltd** Company Registration Number: **02108777**

4. Home Name: **Cambridge Manor Care Home** Registered with: **Care Quality Commission**

5. Date of Admission of Commencement: _____

6. Room No: _____

7. Type of care:

Nursing Residential

8. Duration of stay:

Long Stay (more than twenty eight (28) days)

Short Stay (complete below)

Day/Nights: Date of Departure: _____

Liability of Fund Sources (weekly fees, where applicable):

9. Resident Contribution £ _____

3rd Party Contribution £ _____

LA Funding £ _____

CCG Funding £ _____

Weekly Fees (excluding FNC) £ _____

FNC (If applicable see section 7.1) £ _____

Total Weekly Fee £ _____

10. Invoices will be raised monthly in advance and payment will be taken by standing order on the 1st of each month

11. Fee Reviews (Please see section 9.5)

12. Method of payment: Standing Order

Payment terms: In Advance

13. Chargeable items will be invoiced monthly and are payable on presentation of the invoice by the Resident/ Guarantor/ Third Party

Chargeable	Tick applicable	Chargeable	Tick applicable
Additional one to one	✓	Physiotherapy	✓
Chiropody	✓	Hairdressing	✓
Dental requirements (not within NHS provisions)	✓	Newspapers	✓
Optical requirements (not within NHS provisions)	✓	Personal Dry Cleaning	✓
Pharmaceutical	✓	Staff Escorts to Hospital	✓
Taxis and other transportation	✓	Other (to be specified)	✓

14. I confirm that I have received a copy of the Booklet which forms part of this Agreement and agree to the terms and conditions and those contained in the Booklet. I undertake to pay such sums properly due to the Company on the due date and to observe such terms and conditions. Where I am not the Resident I will use my reasonable endeavours to ensure that the Resident observes such terms and conditions.

Signed as a deed: _____

(Resident or other person responsible for payment of fees/chargeable items)

Full Name & Address _____

PostCode: _____

Tel No: _____ Mobile _____

Witness Signature: _____

Full Name & Address: _____

PostCode: _____

15. BY ENTERING INTO THIS DEED OF GUARANTEE YOU MIGHT BECOME LIABLE INSTEAD OF OR AS WELL AS THE RESIDENT. YOU SHOULD SEEK INDEPENDENT LEGAL ADVICE BEFORE ENTERING INTO THIS DEED OF GUARANTEE

I hereby guarantee to Rockley Dene Homes Ltd that all monies, debts and liabilities due from the Resident to Rockley Dene Homes Ltd shall be paid as they fall due and that if they are not I shall make due and punctual payment to Rockley Dene Homes Ltd on demand of all such sums. I also further agree as principal obligor to indemnify and keep indemnified Rockley Dene Homes Ltd in full and on demand from and against all losses, costs and expenses of Rockley Dene Homes Ltd arising out of any failure of the Resident to pay all sums due under the terms and conditions of the above Agreement, a copy of which I have received and agree to.

Signature as a deed (Guarantor) _____

Full Name & Address: _____

Post code _____

Tel No: _____ Mobile _____

In the presence of (Witness): _____

Full Name & Address _____

Post code _____

16. Executed as a deed by Rockley Dene Homes Ltd

Acting by: _____ (Name and signature of Company Representative)

Full Name: _____

And: _____ (Name and signature of Company Representative)

Full Name: _____

Date of Agreement ____/____/____