

Yorkshire Miners' Welfare Convalescent Homes

(Reg Charity No 230638)

2025 APPLICATION FORM FOR CONVALESCENT ADMISSION

Please complete all sections of the form and return to:-



The Thornycroft Centre, Halfpenny Lane
Pontefract, WF8 4AY. Telephone: 01977 703384)
website:- www.lynwoodminershome.co.uk

<i>Office use only</i>	Intake No:- Date:-	<i>Office use only</i>
ID Number:-	Booking Ref No:-	Date received:-

Full Name

Address

.....**Post Code**.....

Date of Birth.....**Age**.....

Tel no (inc STD code).....**Mobile no**

If widowed please state date widowed.....

If this is a joint application please complete details of spouse/partner below:-

Full name:

Date of Birth.....**Age**.....

EMPLOYMENT RECORD

Total no of years employment in the YORKSHIRE coalfield	Last place of employment within the coal industry	Reason for leaving the industry eg redundancy, retirement etc.

DATES – Please indicate a first and second choice of dates. If we cannot accommodate your first choice then we will try for your second choice. In the event both dates are unavailable we will contact you to discuss alternative dates.

First date from	To	Second date from	To

Transport is provided and guests are expected to use this facility. Please indicate your preferred pick-up point

DONCASTER **BARNSLEY** **PONTEFRACT**

Office Use only:-	Amount	Date Received	Room No:-
Booking fee			
Balance			

Please return by post only. Do not attend the offices.

Do you agree to take a covid test prior to your admission?

Please refer to the 'Information Regarding Covid' letter

YES

NO

Do you require a disabled bedroom?

please indicate whether your medical condition necessitates use of this bedroom (If YES, then your application may be referred to the CISWO Personal Welfare Team for assessment to ensure that the home meets your needs)

YES

NO

<p>Emergency contact/next of kin: This needs to be someone who is <u>NOT</u> attending the home with you</p> <p>Name:..... Telephone No:..... Relationship:.....</p>	<p>Own Doctor/GP:</p> <p>Surgery Name:..... Address:.....Postcode..... Telephone No:.....</p>
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Please give **FULL** details of **ALL** medical conditions from which you and your partner (if applicable) are suffering, including details of any recent operations (together with date). Information relating to ongoing conditions such as heart problems, asthma, diabetes, depression, angina, arthritis etc **MUST ALSO BE INCLUDED**. Please also inform us of hearing/visual problems and incontinence. Furthermore, please inform us If you have any additional special needs, including dietary requirements relating to medical conditions. We are, however, unable to provide nursing/medical attention. If you need such assistance this will need to be provided by someone accompanying you eg a partner or carer.

<p>MEDICAL CONDITIONS:</p> <p>Self:.....</p>	<p>Partner:.....</p>
<p>MEDICATION:</p> <p>Self:.....</p>	<p>Partner:.....</p>

Do you need to hire or take a mobility scooter to the home? If so please read the letter relating to electrically-powered vehicles included in your application pack regarding insurance.
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Are you are able to walk up and down stairs and if so how many flights?
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If you wish to attend the home at the same time as someone else please supply their details below. If this is another single person please indicate whether you are prepared to share a twin room.
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Signature of applicant.....Date.....

If you have not attended Lynwood before, you need to submit verification to prove your link to the mining industry by sending a document such as an old wage slip, pension slip, retirement or redundancy notice. If you do not have any such document you will need to contact Iron Mountain on 01785 218030 who hold all employment and training records. **No booking will be made until verification is received.**

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