

Patricia Whites

Registration Form (Please Print)

Name of Client:

Address:

Telephone Number:

Date of Birth:

General Practitioner:

Telephone Number:

Next of Kin: Name:

Relationship:

Address:

Telephone Number:

Accounts to:

Address:

Other Help in House? Any Pets?

Car Driver required? Automatic: Manual:

Travel Directions e.g. Nearest Station:

Client's Requirements:

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How did you hear about us?

Date Carer to commence:

Your registration fee of £100.00 (incl. V.A.T.) should accompany this registration form.
I agree with the terms of business and understand both the carers and agency fee should be paid weekly and are not negotiable. In particular, I have read and understood Paragraph 6 & 7 of the Terms of Business and agree to comply with its content.

Signature/Acceptance of Terms: Date: