



ROYAL HOMECARE

"IF YOU CARE THE WAY WE CARE,
CHOOSE ROYAL HOMECARE"

Family Application Form I

Please ensure that you have read the terms & conditions before you submit an application. Our Terms and Conditions can be found on our website www.royalhomecare.ie.

Address Office:

A: 13 Adelaide Road, Saint Peter's, Dublin 2

P: 0879442497

E: info@royalhomecare.ie

Service Required

*Please tick

Visiting Care

Live-in Care

Respite Care

YOUR INFORMATION

Title: Relationship to client:

Full Name :

Address :

County : Post Code :

Email : Phone :

CLIENT INFORMATION

Title: Full Name : Marital Status:

Address : County : Post Code :

Does the client live on their own?: Age: Height & Weight :

HEALTH OVERVIEW

Medical Conditions
Including vision,
hearing and
mobility:

What medical
equipment do they
use? e.g, walking stick,
commode, wheelchair,
hoist etc

Does the client smoke?

Does the client consume alcohol?
If so, how much? :

Is their alcohol consumption known by their doctor(s)? :

More Information :

Please check over the application before you submit it. To submit, please scan it and email it to info@royalhomecare.ie



ROYAL HOMECARE

"IF YOU CARE THE WAY WE CARE,
CHOOSE ROYAL HOMECARE"

Family Application Form I

Please ensure that you have read the terms & conditions before you submit an application. Our Terms and Conditions can be found on our website www.royalhomecare.ie.

Address Office:

A: 13 Adelaide Road, Saint Peter's, Dublin 2

P: 0879442497

E: info@royalhomecare.ie

Client Overview

CLIENT PERSONALITY/INTERESTS

Please describe the client's personality

Does the client suffer from any anxiety or depression?
Please detail

Does the client have family close-by?

Can the client drive?

Can the client go on walks?

What is the client's current routine?

Any further comments about the client's personality/interests/routine?

More Information :

Please check over the application before you submit it. To submit, please scan it and email it to info@royalhomecare.ie



ROYAL HOMECARE
 "IF YOU CARE THE WAY WE CARE,
 CHOOSE ROYAL HOMECARE"

Family Application Form I

Please ensure that you have read the terms & conditions which can be found on our website www.royalhomecare.ie.

Address Office:

A: 13 Adelaide Road, Saint Peter's, Dublin 2

P: 0879442497

E: info@royalhomecare.ie

Care/Caregiver Requirements

CARE REQUIREMENTS

Does the client currently receive any homecare? i.e HSE / private care - how many hours?

Tasks / Duties
Please tick all that are required

Preparing / Cooking Meals <input type="checkbox"/>	Contenance Care / Toileting <input type="checkbox"/>	Mobility Exercises <input type="checkbox"/>	Transportation: <input type="checkbox"/> <small>medical appointments, social events etc</small>
Feeding / Eating <input type="checkbox"/>	Dressing/Grooming <input type="checkbox"/>	Companionship <input type="checkbox"/>	Running Errands: <input type="checkbox"/> <small>prescription collection, post office collection and deliveries, returning books to the library, shopping for clothing etc.</small>
Bathing/Showering <input type="checkbox"/>	Medication Prompting/Monitoring <input type="checkbox"/>	Light Housework: <input type="checkbox"/> <small>cleaning common areas, changing bedsheet, laundry, dusting and vacuuming</small>	

What days do you require the caregiver?

Carers can work up to 6 days per week but must have 1 full day off per week

Monday	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>
Thursday	<input type="checkbox"/>
Friday	<input type="checkbox"/>
Saturday	<input type="checkbox"/>
Sunday	<input type="checkbox"/>

What hours do you require each week?

Carers can work up to 48 hours per week. Any hours over 37.5 hours is overtime.

30 hours	<input type="checkbox"/>
30-37.5 hours	<input type="checkbox"/>
37.5-48 hours	<input type="checkbox"/>

How long do you require a caregiver for?

0-3 months	<input type="checkbox"/>
3-6 months	<input type="checkbox"/>
Longterm(1+ year)	<input type="checkbox"/>

What type of care is required?

The carers require 11 hours of uninterrupted rest each day/night

Day care	<input type="checkbox"/>
Nightcare	<input type="checkbox"/>

Do you have a time schedule/routine that is already in place?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
Currently in process	<input type="checkbox"/>

CARERGIVER REQUIREMENTS

Do you have a preference on a male/female caregiver?

Female	<input type="checkbox"/>
Male	<input type="checkbox"/>
No preference	<input type="checkbox"/>

When would you like the caregiver to start?

ASAP	<input type="checkbox"/>
Within the next month	<input type="checkbox"/>
In the next 2 months	<input type="checkbox"/>

What level of experience would you like the caregiver to have?

6-12 months	<input type="checkbox"/>
1-2 years	<input type="checkbox"/>
2+ years	<input type="checkbox"/>

Do you require a caregiver that can drive?
If you require a caregiver that can drive, you must have a car and be willing to pay for the insurance

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

Would you accept a caregiver that smoked outside only?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

Who will care for the client on the caregiver's day(s) off?

Family/Friends	<input type="checkbox"/>
Private carers	<input type="checkbox"/>
HSE	<input type="checkbox"/>

Please provide a brief description of what you require in a carer:

More Information :

Please check over the application before you submit it. To submit, please scan it and email it to info@royalhomecare.ie



ROYAL HOMECARE

"IF YOU CARE THE WAY WE CARE,
CHOOSE ROYAL HOMECARE"

Family Application Form I

Please ensure that you have read the terms & conditions which can be found on our website www.royalhomecare.ie.

Address Office:

A : 13 Adelaide Road, Saint Peter's, Dublin 2

P : 0879442497

E : info@royalhomecare.ie

House Overview

Live-in & Respite Applications

HOUSE OVERVIEW

Type of home where the client resides:

House	<input type="checkbox"/>
Bungalow	<input type="checkbox"/>
Apartment/Penthouse	<input type="checkbox"/>

How far is public transport from the home? :

Are there shops close to the home? :

Are there stairs in the home?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

If there are stairs in the home, how does the client manage with them?

Client has a chairlift	<input type="checkbox"/>
Client stays downstairs	<input type="checkbox"/>
Client can use the stairs without any assistance	<input type="checkbox"/>

Please provide a description of the client's bedroom? :

Please provide a description of the client's bathroom? :

Is it close to their bedroom? Is it an en-suite?

Please provide a description of the caregiver's bedroom? :

All caregivers must have their own bedroom. Please describe if there is a single/double bed in the room and if there are any extra storage space in the room. Does the room have a carpet or hardwood floors (this is important for caregivers with allergies)

Please provide a description of the caregiver's bathroom? :

It is not mandatory for the caregiver to have their own bathroom. If the bathroom is shared, please state.

Any further information you would like to provide about the home? :

Please provide photos/videos of the following:

- Living Room
- Kitchen
- Caregiver's bedroom
- Caregiver's bathroom
- The Client (optional)

Please email these photos/videos to info@royalhomecare.ie with the client's name in the subject, e.g:

Joe Bloggs - Family Application - Photos

More Information :

Please check over the application before you submit it. To submit, please scan it and email it to info@royalhomecare.ie



ROYAL HOMECARE
 "IF YOU CARE THE WAY WE CARE,
 CHOOSE ROYAL HOMECARE"

Family Application Form I

Please ensure that you have read the terms & conditions which can be found on our website www.royalhomecare.ie.

Address Office:

A: 13 Adelaide Road, Saint Peter's, Dublin 2

P: 0879442497

E: info@royalhomecare.ie

COVID CHECK

COVID QUESTIONNAIRE

Has the client tested positive for COVID in the last 2 weeks?

Yes
 No

Has the client been a close contact of anyone who has tested positive for COVID in the last 2 weeks?

Yes
 No

Has the client suffered any symptoms of COVID in the last 2 weeks?

Yes
 No

Any further information you would like to provide?

MARKETING

How did you hear about Royal Homecare?

Family/Friend Referral <input type="checkbox"/>	Radio <input type="checkbox"/>	Social Media <input type="checkbox"/>	Chemist/Pharmacy <input type="checkbox"/>
Newspaper <input type="checkbox"/>	Google <input type="checkbox"/>	GP/Hospital <input type="checkbox"/>	Other (please state) _____

Would you like to be added to our mailing list for news, updates and marketing?

Yes
 No

ROYAL PAYROLL

Do you require Royal Payroll's Service (discount for all RH Clients)

Yes
 No

Please visit <https://www.royalhomecare.ie/employers> to find out more

SIGNATURE

Do you confirm that you have read and agree to our terms and conditions?

Yes
 No

Signature

Full name (BLOCK CAPITALS)

Date

More Information :

Please check over the application before you submit it. To submit, please scan it and email it to info@royalhomecare.ie