



HOME FOR THE AGED (CWS) SIMEE

怡保狮尾老人院

Jalan Kompleks Sukan, 31400 Ipoh, Perak. Tel: 055473252 Fax: 05-5452449

APPLICATION NO:

Full Name 姓名:.....

NRIC No 登记号码:..... Tel. No 电话号码:.....

Present Address 地址:.....

Sex 性别: Male 男 / Female Age 年龄:..... Religion 宗教:.....

Place of Birth 出生地方:..... Nationality 国籍:.....

Marital Status 婚姻状况: Single 单身/Married 已婚/Divorced 离婚/Separated 分居/ Widow 寡妇/ Widower 鳏夫

No. of Children 孩子数量: Boys 儿子:..... Girls 女儿:.....

Are you living: a) Alone 独居

目前居住状况 b) Sharing Room / House/Apartment 共享房间/房子/公寓

c) With Relatives / Friend(s) 与亲戚/朋友 (Relationship 关系:.....)

d) Do you pay Rent - Yes / No (是 / 否) 支付租金

e)Rental per month 每月租金: RM..... (令吉)

Family / Relatives / Contact Persons 家庭/亲属/联系人:

Name 姓名	Relationship 关系	Address 地址	Tel No. 电话号码

** Please attach 2 photocopies of IC and 2 Passport sized photographs (Note: This form is issued free)

**请附上 2 份 IC 复印件和 2 份护照照片 (注意: 此表格是免费发放的)

Reason for Applying 申请原因:

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Health Conditions 健康状况

Physical Condition 身体状况: Walking 活动自如 / Walking with Frame or Stick 以拐杖步行 / Wheelchair 轮椅

Mental Condition 心理状况: Stable 稳定 / Unstable 不稳定

Vision 视力 : Good 好 / Normal 普通 / Weak 弱

Hearing 听力 : Good 好 / Normal 普通 / Weak 弱

Speech 言语能力 : Good 好 / Normal 普通 / Weak 弱

Medical History / Information 病史:

Please Tick 请打勾	Medical History 病史	Treatment / Medicine 治疗/药物
	High Blood Pressure 高血压	
	Diabetic 糖尿病	
	Cholesterol 胆固醇	
	Heart Problem 心脏疾病	
	Cancer 癌症	
	Lung 肺部疾病	
	Tuberculosis 结核	
	Bones / Joint 骨头/关节	
	Others: Please specify 其他: 请明确说明	

Name of Clinic/Hospital 诊所/医院名称: :

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Present means of Living 现在的生活方式:

Occupation 职业:..... Employer 雇主:..... Salary 薪水:.....

Supported by 依靠: Self 本人 / Family & Relatives 家人和亲戚/Friends 朋友/

Others 其他 (Relationship 关系:.....)

Sources of Income 收入来源:

Tick 请打勾	Income 收入	Amount 数额	Tick 请打勾	Income 收入	Amount 数额
	Pension 退休金			In keeping of 代管:	
	Social Welfare 福利金			Friend(s) 朋友	
	Stocks & Shares 股票			Employer 雇主	
	Property/Land/House(s) 房地产业			Bank 银行	
	Savings/ Fixed Deposit 储蓄/定期存款			Financial Institution 金融机构	

Other Information/Remarks 其他信息/备注: :

.....
.....

IMPORTANT 重要:

- 1) We would like to emphasize the seriousness of falsified Information. 我们想强调伪造信息的严重性。
- 2) We regret that incomplete Application Forms will not be considered. 不完整的申请表格将不予考虑。
- 3) This Application for Admission does not guarantee you being accepted. 本入院申请并不保证您被接受。
- 4) The Management Committee's decision is final. 管理委员会的决定是最终决定的。

Signed 签名:.....

Dated 日期:.....

Application submitted by 申请提交人: Tel 电话号码:.....

<p>For Office use only 仅限办公用途:-</p> <p>INTERVIEW 面试</p> <p>Approve 批准 / Disapprove 拒绝</p> <p>Date of Interview 面试日期.....</p>

<p>**Instruction for Interview 面试须知:-</p> <p>Please bring along all medicine and medical appointment card during interview.</p> <p>面试当天请带上所有药品和医疗预约卡。</p>
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SPONSOR 申办人

Name of Applicant 申请人姓名:.....NRIC 登记号码:.....

Name of Sponsor 申办人姓名:.....NRIC 登记号码.....

Address 地址:.....

.....

Telephone 电话号码 :.....(H).....(H/P)

Relationship 关系:..... Occupation 职业:.....

1. It is to best of my knowledge that the particulars in the Applicant's Form is correct. Any falsified information discover later may lead to the expulsion of the application from the Home.

据我所知，申请人表格中的详情是正确的。如有发现任何伪造的信息可导致他/她从院中被驱逐。

2. To be responsible for the behavior and welfare of the Applicant. Any misbehavior or breaking of the rules and regulations of the Home, the applicant will be issued with warning letter. Upon third warning, the applicant may be expelled from the Home.

负责申请人的行为和福利。如任何不正当行为或违反老人院规则的行为，申请人将被发出警告信。经第三次警告后，申请人可能会被赶出门。

3. The sponsor will receive a copy of all warning letters to the Applicant from the Home. In the event the applicant is expelled from the Home, it is the responsibility and duty of the sponsor to take the applicant from the Home.

申办者将收到所有申请人的警告信。如果申请人被驱逐出院，申请人离开老人院是申办人的责任和义务。

I, as a Sponsor understood and agreed to comply the above terms. I hereby give my assurance that in the event the Committee of the Home finds him/her to be troublesome and is in breach of the rules, I will personally discharge him/her from the premises to ensure the Home is not burdened by him/her.

作为申办人，我明白并同意遵守以上的条例。我特此保证，如果院方认为他/她很麻烦并且违反规定，我会亲自将他/她赶出现场，以确保老人院不被他/她负担。

.....
Signature of Sponsor 申办人前面

Date:

.....
Signature of Witness 见证人签名

Full Name:

NRIC:

*** Please attach 1 photocopy of Sponsor's IC

***申办人请附上 1 份 IC 复印件