

**RAND AID ASSOCIATION - WAITING LIST APPLICATION**

**1. APPLICANT/S DETAILS**

DATE \_\_\_\_\_

A. Surname		First Name	
Title	Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr. <input type="checkbox"/>	Cell no	
	Other :	Tel no	
ID Number		Email	
Postal address		Physical address	
Next of kin/ friend contact details	<u>Name and Relationship</u>	<u>Cell No.</u>	<u>Other</u>

**General Health**

Excellent       Good       Average       Poor

**Details of major health issues/needs:**

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B. Surname		First Name	
Title	Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr. <input type="checkbox"/>	Cell no	
	Other :	Tel no	
ID Number		Email	
Postal address		Physical address	
Next of kin/ friend contact details	<u>Name and Relationship</u>	<u>Cell No.</u>	<u>Other</u>

**General Health**

Excellent       Good       Average       Poor

**Details of major health issues/needs:**

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## 2. VILLAGE/S OF CHOICE

- **Primary Choice**
  - You will placed on the selected primary waiting list.
  - If you wish to be on more than one primary list, a separate deposit is required for each waiting list.
- **Secondary Choice**
  - You may elect to also be placed on a **secondary** waiting list of an alternative village of your choice at no additional cost.
- **Deposit**
  - A deposit of R5,000 is required for each primary waiting list.
  - Your deposit is fully refundable on the purchase of a unit or on written request.

*Please indicate preferences*

	Primary List	Secondary List
Elphin Lodge		
Thornhill Manor		
Inyoni Creek		

## 3. PREFERRED UNIT TYPE

Elphin Lodge	
<b>Cottage</b>	
2 bedroom	
<b>Apartment</b>	
1 bedroom	
2 bedroom	

Thornhill Manor	
<b>Cottage</b>	
2 bedroom	
3 bedroom	

Inyoni Creek	
<b>Cottage</b>	
2 bedroom	
3 bedroom	
<b>Apartment</b>	
1 bedroom	
2 bedroom	
3 bedroom	

Approximate year of occupation required: \_\_\_\_\_

May we contact you if a unit other than that of your choice becomes available? Yes  No

I/we will need to sell my/our existing property in order to purchase here? Yes  No

I/we currently live approximately \_\_\_\_\_ kilometers from this village.

Have you been inside a cottage / apartment at the Village of your choice? Yes  No

Have you been given the latest price list for the units and the monthly charges? Yes  No

May we send you our official newsletters? Yes  No

Is there anything you would like us to know regarding your application?

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How did you hear about this village or Rand Aid Association?

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*\*\* Thank you for completing this application and for considering Rand Aid for your retirement village. \*\**

### **DEPOSIT**

Deposit Payable R \_\_\_\_\_ (R5,000 per primary list)

Please make payment to The RA Welfare Development Trust

Please include as Reference: Village and your surname

Bank details Standard Bank Greenstone  
Account No. 200 645 412  
Bank Code 051 001

Please email proof of payment to [ugovender@randaid.co.za](mailto:ugovender@randaid.co.za)

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### **FOR ADMIN USE**

Receipt No. \_\_\_\_\_

Deposit allocated

Captured on Data Base

Confirmation letter sent

### **FOR VILLAGE OFFICE**

Seen an empty unit

Marketing brochure received

### **COMPLETION**

Resident moved into unit no: \_\_\_\_\_

Date of refund: \_\_\_\_\_

## RAND AID PROSPECTIVE RESIDENTS' NEEDS ASSESSMENT

Please take a few minutes to help us understand our prospective residents' needs better by providing us with the following information:

Kindly rate the following in terms of their importance to you with **1** being **Most Important** and **4** being **the least Important** by circling the appropriate number next to each statement.

<b>1. How important are the following in your decision to place your name on the list for this village:</b>	<b>Most Important</b>	<b>Very Important</b>	<b>Fairly Important</b>	<b>Least Important</b>
a) Physically safe and secure environment	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
b) Friends/family who live in this village	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
c) Close proximity to familiar neighbourhood/ community structures/family/friends	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
d) Availability of care centre if I can no longer live independently	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
e) Having other people of similar age/interests around me	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
f) Affordability of purchase price and monthly levy	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
g) Well maintained grounds and buildings	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
h) The way Rand Aid manage retirement villages	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
i) Purchasing on a life-rights model	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
j) Financially stable organisation	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
k) Pet friendly environment (applicable villages)	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
Other: Please specify				
<b>2. How important do you regard the following services we provide</b>	<b>Most Important</b>	<b>Very Important</b>	<b>Fairly Important</b>	<b>Least Important</b>
a) 24-hour security	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
b) Preventative nursing service (clinic) on a daily basis	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
c) 24-hour call service for medical, maintenance or security emergencies	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
d) Availability of frail care centre for	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>

temporary or permanent care				
e) Transport to shops	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
<b>2. How important do you regard the following services we provide (cont.)</b>	<b>Most Important</b>	<b>Very Important</b>	<b>Fairly Important</b>	<b>Least Important</b>
f) Postal Service: Delivery of post to internal postbox/Send outgoing post daily	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
g) Administrative services such as faxing, copying, etc.	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
h) Facilities for private hairdresser, beautician, podiatrist, physiotherapist on property	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
i) Availability of a gym/swimming pool	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
j) Recreation services such as movies, quizzes, concerts, talks, line dancing, bridge etc.	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
k) Religious activities such as fellowships, Hannukah celebrations, chapel services, etc.	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
l) Availability of meals on order	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
m) Laundry service for bed and bath linen	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
Other: Please specify				
<b>4. Are you aware of any services that you require but that we do not provide? Please specify.</b>				
<b>5. What is your main motivation for wanting to live here?</b>				
<b>6. Where did you hear about Rand Aid from?</b>	<b>Google/website</b>	<b>Word of mouth</b>	<b>Other (please specify)</b>	
Name and Surname:				
Date:				