

**Home and Garden Maintenance Services**  
**Application form**

**Surname/Family name:**

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**Given names:**

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**Address:**

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**Phone:**

Home: \_\_\_\_\_ Mob: \_\_\_\_\_

**Age:** \_\_\_\_\_

**Gender:** Male

Female

**Next of Kin:**

Name:

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Relationship: \_\_\_\_\_ Ph.Home: \_\_\_\_\_

Mob: \_\_\_\_\_ Email: \_\_\_\_\_

**Current situation**

Lives Alone? Yes  No

Lives with Spouse/partner/family (please circle)

<b><u>Name</u></b>	<b><u>Relationship</u></b>	<b><u>Phone</u></b>	<b><u>Capacity to Help</u></b>

**Pets - what pets are at the property?**

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**Other information**

Are you currently receiving services from any of the following?

- Nannup Community Care

Details \_\_\_\_\_

- Other

Details \_\_\_\_\_

Any other

Information \_\_\_\_\_

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**Services Required**

\*All services are based on Health and Safety needs.

**Details**

<b>Basic Gardening</b> <input type="checkbox"/> (Does not include lawn mowing)	
<b>Light bulbs changed</b> <input type="checkbox"/>	
<b>Smoke detectors checked/batteries changed.</b> <input type="checkbox"/>	

<b>Fire wood</b> <input type="checkbox"/> <b>Chop</b> <input type="checkbox"/> <b>Supply</b> <input type="checkbox"/>	
<b>Clean inaccessible windows</b> <input type="checkbox"/>	
<b>Take bins out</b> <input type="checkbox"/> (Temporary service for post-surgical/illness recovery)	
<b>Security checks/door locks</b> <input type="checkbox"/>	
<b>Replace small items</b> <input type="checkbox"/> e.g. Tap washer	
<b>Minor carpentry repairs: Please specify</b> <input type="checkbox"/>	

Other: Please specify

I agree to receive services from Nannup Home & Garden Maintenance. I acknowledge my information may be passed on to Nannup Community Care for assessment purposes.

.....  
Name

.....  
Signature

.....  
Date

Please fill in the form and return to one of the following.

Nannup Shire, Adam St Nannup. Ph. 97561008.

Nannup CRC, Warren Rd, Nannup. Ph. 97563022

Email to the Men's Shed on [nannup@wamsa.org.au](mailto:nannup@wamsa.org.au).