

HARTNETT HOUSE

123 Albion Street, Brunswick 3056

I
(Name in Full)

of
(Address)

.....Code.....

wish to make application to reside at Hartnett House.
I am willing to be attended by the Honorary Medical Officer
visiting Hartnett House.

I am willing to be confined at the Royal Women's Hospital
or Queen Victoria Hospital. (This is optional).

Private Hospital care can be arranged.

I am willing to return to Hartnett House after discharge
from Hospital, until the seventh day after the Birth,
OR for six weeks after the Birth. (This is required
when the applicant wishes to maintain baby, after she
has left Hartnett House and resumed her usual work).

I am willing to share in the duties of the home,
to refrain from smoking,
to attend a service daily,
to contribute \$4.00 on admission, and according
to age, weekly toward my maintenance,
to abide by instructions regarding diet,
outings and visitors.

SIGNED WITNESS

DATE

Questions to Applicant	Answers
Date of Birth	
Place of Birth	
Nationality	
Religion	
Married, Divorced, Single:	
Colouring: Eyes	
Hair	
Skin	
Height	
Educational Standard	
Occupation	
Name and address of last Employer	
Date you ceased work	
Are you receiving Benefits from Social Services?	
At what rate?	
Unemployment or Sickness Benefit?	

COMMUNITY WELFARE FOUNDATION

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2.

Questions to Applicant	Answers
<u>The Pregnancy</u>	
Is this your first pregnancy?	
Date of last period:	
Due date for confinement:	
Are you in good health?	
Please state any chronic illness: (i.e. Epilepsy, Tuberculosis, or any other illness that may be passed from parent to baby).	
Are your parents acquainted with your condition?	
If not, do you intend to tell them?	
Do you live with your parents?	
State your Father's Name:	
Mother's Name:	
Mother's Maiden name:	
Address of parents:	
<u>The Putative Father</u>	
(These questions are necessary only when adoption is required.)	
Birth date, or Age:	
Nationality:	
Any physical disabilities:	
Occupation:	
Educational Standard:	
Colouring: Eyes	Hair
Skin	Height
Married, Divorced, Single:	
Is he interested in your welfare?	
Willing to support you?	Visit You?

OFFICE USE

Date admission to Hartnett House	
Date admission to Hospital	
Date returned from Hospital	
Date discharged from Hartnett House	
Infant born	
Home from hospital	
Consent signed by Mother	
Adopted	
Discharged to Mother	
Remain under I.L.P. or S.W.	