



**LOCH LOMOND VILLA  
APPLICATION FOR NURSING CARE**

**Please complete and forward the following to:**

Nursing Care Admissions

185 Loch Lomond Road, Saint John, NB, E2J 3S3

Tel: (506) 643-7151 or fax to (506) 643-7159

Email: [Sryan@lochlomondvilla.nb.ca](mailto:Sryan@lochlomondvilla.nb.ca)

Full Name (please include middle initial): \_\_\_\_\_

Present Address: \_\_\_\_\_

Telephone \_\_\_\_\_ Email Address: \_\_\_\_\_

**LIST TWO NEXT-OF-KIN:**

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

Signature of applicant/Next of Kin: \_\_\_\_\_

Date: \_\_\_\_\_