

# Application/Nomination Form

**Insulation**  **Clean Heat**  (please tick box/es)

Please read the background information before completing the application.

**All information will be treated as STRICTLY CONFIDENTIAL.**

When completing this form PLEASE PRINT and circle answers as appropriate

## 1. Personal details of Home Owner

Name of Home Owner: \_\_\_\_\_

Address of property: \_\_\_\_\_

Telephone number(s): \_\_\_\_\_

2. Is this property the home owners permanent residence Yes No

3. Do you have a community services card? Yes No

If yes, what is your community services card number \_\_\_\_\_

## 4. If you answered no to the question 2, who is the Occupier?

Name of Occupier(Tenant): \_\_\_\_\_

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

Telephone number(s): \_\_\_\_\_

5. Was the property built before 2000? Yes No If yes Year built \_\_\_\_\_ Levels \_\_\_\_\_

6. Does your home have ceiling insulation? Yes No

a. If yes, please specify what type? Batts Insulfluff Other Not Sure

7. Does your home have a wood or concrete floor? Wood Concrete

a. If wooden, is it insulated with batts, foil, or polystyrene? Yes No

8. How many bedrooms does your home have? \_\_\_\_\_

## 9. How did you hear about the 'Healthy Homes Tai Tokerau Project?'

Newspaper	<input type="checkbox"/>	GP / Hospital	<input type="checkbox"/>	Friend / Neighbour	<input type="checkbox"/>	Leaflet	<input type="checkbox"/>	Radio / Website	<input type="checkbox"/>	Other please specify	<input type="checkbox"/>
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10. Are you willing to assist with energy research relating to this project? Yes No

**Please Note:** If tenanted, tenant to complete from Question 11 to 17 otherwise homeowner continue from question 12

11. Do you have a community services card? Yes No

If yes, what is your community services card number \_\_\_\_\_

12. Is anyone in the household pregnant? Yes No

If yes, when is baby due? \_\_\_\_\_

## 13. Please tick the boxes below to tell us if anyone in the household suffers from any of the following conditions.

Asthma	<input type="checkbox"/>
Arthritis	<input type="checkbox"/>
Bronchitis	<input type="checkbox"/>
Circulatory problems	<input type="checkbox"/>
Coughs and colds	<input type="checkbox"/>
Ear Infections	<input type="checkbox"/>

Meningococcal disease	<input type="checkbox"/>
Influenza (the flu)	<input type="checkbox"/>
Pneumonia	<input type="checkbox"/>
Rheumatism	<input type="checkbox"/>
Tonsillitis	<input type="checkbox"/>
Other	<input type="checkbox"/>

Please tell us about any other chronic health conditions suffered by someone living in the household not mentioned above.

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14. Has anyone in the household been admitted to hospital or required urgent medical attention at an emergency department or accident and medical clinic in the past year with a condition that affected their breathing or with an infection of some kind?

- a. If yes, how many times? \_\_\_\_\_
- b. What health condition did they suffer from? \_\_\_\_\_

A home based whanau health assessment by a registered nurse is offered as part of this programme, if you do not want to receive this please tick here

15. Would you like a Public Health Nurse to visit you to discuss any health issues? Yes No

*The next three questions are optional, and for statistical purposes only.*

16. Please list below the number of people, by age group, who live in the house, including whanau members who frequently stay during the day or overnight.

0 – 5 years	
6 – 15 years	
16 – 25 years	

26 – 45 years	
45 – 60 years	
60+ years	

17. How many people live in the household full-time? \_\_\_\_\_

18. Ethnicity:

Maori	
Pacific	
Pakeha	
Asian	
Other	

(What iwi/s do you belong to?)

(Please specify)


**Please note: Insulating and eliminating dampness under rebated or tongue and grooved wooden flooring may result in shrinkage of floorboards as they dry. Healthy Homes Tai Tokerau and sub contractors will not be held responsible should this occur.**

I declare the above to be true and accurate. I agree to the conditions above.

Signature of homeowner \_\_\_\_\_

Date \_\_\_\_\_ 20\_\_

Signature of Tenant \_\_\_\_\_

Date \_\_\_\_\_ 20\_\_

**PLEASE RETURN COMPLETED APPLICATION FORM AS SOON AS POSSIBLE AS FUNDING IS LIMITED!!!**

**Please post form to:**

Healthy Homes Tai Tokerau, PO Box 503, Kaitaia or fax to (09) 408 3825

**For further information contact Healthy Homes Tai Tokerau on 0800 RETROFIT or 0800 738 763**