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Farway Grange

Admission Schedule

Amrial Care Ltd • Version 1.0 April 2026

How this Schedule works

This Admission Schedule is completed for every resident admitted to Farway Grange, regardless of the funding source. It records the details of the placement, the agreed fee, and how fees are apportioned between funding sources.

- For permanent self-funded placements, this Schedule is issued alongside the **Consent to Care** and **Financial Terms** documents.
- For respite and short-stay placements, this Schedule is issued alongside the **Consent to Care** and **Respite & Short Stay Addendum**.
- For residents funded by a Local Authority or NHS Continuing Healthcare, this Schedule is issued alongside the **Consent to Care** document only.

1. Resident Details

Full Name:	
Date of Birth:	
NHS Number:	
Address:	
Post Code:	
Email Address:	

2. Admission Details

Date of Admission:	
Room Number:	
Type of Residency:	☐ Permanent Placement ☐ Respite / Short Stay
Site:	☐ Residential ☐ Nursing
If Respite — Agreed Departure Date:	

3. Funding Sources (Weekly)

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Funding Source	Weekly Amount (£)
Total Fee (gross weekly fee; at the nursing site inclusive of nursing costs)	
Local Authority Contribution (12-week property disregard: ☐ Yes ☐ No)	
NHS Continuing Healthcare (CHC) Contribution	
Funded Nursing Care (FNC) Contribution (nursing site only, where eligible)	
Third Party Top-Up Contribution	
Net Resident Liability (amount payable by or on behalf of the Resident after all contributions above)	

Nursing site note: The Total Fee does not change according to FNC eligibility. Where FNC has not yet been assessed at the date of this Schedule, the Net Resident Liability shown is the amount currently payable pending NHS confirmation. Any FNC award will be confirmed by separate written notice and will reduce the Net Resident Liability from the date NHS payments begin.

4. Additional Notes / Special Arrangements

5. Nominated Representative / Key Contacts

Please provide details of the person(s) we should contact regarding the Resident's welfare and affairs. Providing these details does not of itself create any personal financial liability.

Full Name:	
Relationship to Resident:	
Address:	
Telephone:	
Email:	
LPA / Legal authority in place:	☐ Yes (details on file) ☐ No

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6. Agreement by Farway Grange (Amrial Care Ltd)

On behalf of Farway Grange (Amrial Care Ltd), I confirm that the information in this Admission Schedule is correct and that the placement is accepted on the terms set out in the applicable Resident Contract documents.

Authorised Signatory Name:	
Position:	
Date:	
Signature:	

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Farway Grange

Consent to Care

Terms and Conditions of Residence

Amrial Care Ltd • Version 1.0 April 2026

Important Notice
This document sets out the non-financial terms of your residence at Farway Grange — the care and services we will provide, your rights and responsibilities, the House Rules, and the basis on which consent to the placement has been given.
For permanent self-funded placements, the financial terms are set out in a separate Financial Terms document (Document 2), which you will be asked to sign alongside this one. For respite and short-stay placements, the financial terms are contained in the Respite & Short Stay Addendum (Document 3), which replaces Document 2 for that placement. For placements fully funded by NHS Continuing Healthcare or a Local Authority with a direct commissioning agreement, neither Document 2 nor Document 3 may be required at admission.
Please read this document carefully before signing. If anything is unclear, ask the Home Manager. You are encouraged to seek independent legal advice.

DEFINITIONS

Throughout this document, the following terms have the meanings given below.

"The Home"	Farway Grange, 23 & 31–33 Howard Road, Queens Park, Bournemouth, BH8 9EA.
"You" / "Your"	The Resident named in this document.
"We" / "Us" / "Our"	Amrial Care Ltd, trading as Farway Grange.
"Nominated Representative"	The person you have informed us will handle your affairs, including an Attorney under a Lasting Power of Attorney or a Court of Protection Deputy.
"Contract"	This document together with the Admission Schedule and, where applicable, the Financial Terms document and/or the Respite & Short Stay Addendum.

PART A — TERMS OF RESIDENCE

1. Services Included in Your Care

The weekly fee covers the full range of services provided by the Home, including:

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- Accommodation in your room
- All meals, including provision for special dietary requirements, and drinks
- Laundry of machine-washable personal belongings (excluding dry cleaning or hand-washing of delicate items). Please ensure all clothing is clearly labelled.
- Use of all facilities of the Home
- Access to the telephone for UK calls, subject to fair and reasonable use
- Newspapers and reading material in the lounge
- Terrestrial television in your room
- Use of books, music CDs and DVDs from the library
- Occasional treat take-away meals
- Fitness and activities classes
- Birthday celebrations and day trips
- Internet access via personal device, subject to lawful use and the service available to the Home

2. Additional Services

The following optional services can be arranged at additional cost and will be invoiced separately in accordance with the Financial Terms document:

- Dry cleaning
- Hairdressing
- Private treatments such as chiropody, dentistry, physiotherapy or similar
- Daily newspapers (where not included in the Total Fee)
- Long-distance and international telephone calls
- Private ambulance and/or escort (non-emergency)
- Personal medical supplies (other than those available on prescription) and home remedies

3. Your Room

3.1 From your admission date, where possible, you will be allocated the room identified in the Admission Schedule. We do not grant you exclusive possession of your room and no tenancy is created by this Contract. You occupy your room as a licensee, not a tenant.

3.2 We will endeavour not to move you from your room. Where a move is necessary — for example due to refurbishment, a change in your care needs, or resident welfare reasons — we will discuss the proposed move with you or your Nominated Representative in advance. Except in emergencies, we will give at least 14 days' notice.

3.3 If you are not happy with any proposed new room, you may terminate this Contract by giving at least 14 days' written notice to the Home Manager.

3.4 We require unrestricted access to your room to provide the services under this Contract.

3.5 Audio, video or photographic recording on the Home's premises must not take place in a way that infringes the privacy, dignity, confidentiality or safety of other residents, staff or

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visitors. We may require recording to stop where reasonably necessary. Any concerns should be discussed with the Home Manager in advance where practicable.

4. Trial Period

For a permanent placement, the first 28 days will be treated as a trial period to allow an ongoing assessment of suitability. During the trial period, either party may end the placement by giving at least 7 days' written notice.

We will only end the placement during the trial period for a fair reason — for example where we cannot safely meet your assessed needs, there are serious behaviour or safety concerns, or agreed funding arrangements are not in place despite reasonable efforts.

The financial implications of ending the placement during the trial period are set out in the Financial Terms document. There is no automatic trial period for a pre-booked respite or short-stay placement; those terms are in the Respite & Short Stay Addendum.

5. Ending the Placement

5.1 Termination by Us

In addition to the provisions of clause 4, we may end this Contract by written notice if:

- Care needs: In our reasonable opinion we can no longer provide the level of care required. At least 28 days' written notice will be given.
- Welfare concerns: In our reasonable opinion your behaviour or circumstances may be detrimental to the welfare of other residents or our employees. Where urgent: at least 48 hours' notice. Where not urgent: at least 28 days' written notice.
- Material breach: You materially breach any term of the Contract and the breach is not remedied within 28 days of our written request. At least 28 days' written notice will be given.
- Funding problems: There are unresolved funding problems, as further described in the Financial Terms document. At least 28 days' written notice will be given.

Before giving notice for care needs, welfare concerns, or material breach, we will, where reasonably practicable, consult with you, your Nominated Representative, and relevant professionals. We will consider whether reasonable adjustments could enable the placement to continue safely before notice is served. This does not prevent us from taking immediate action where there is a genuine emergency, safeguarding concern, or urgent welfare issue.

Where we end the placement because we can no longer safely meet your assessed needs, we will liaise with the relevant Local Authority, NHS body, ICB, GP, social worker, or other appropriate professional to support safe discharge planning. We will keep you and your Nominated Representative informed.

5.2 Termination by You

You or your Nominated Representative may end this Contract by giving not less than 28 days' written notice to the Home, unless a shorter period is agreed or termination is required more

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urgently because of hospital admission, safeguarding, or other welfare reasons. The financial obligations during the notice period are set out in the Financial Terms document.

6. Personal Belongings

Residents are encouraged to bring personal items and small items of furniture, subject to fire, health and safety requirements. Please discuss and agree this with the Home Manager before admission.

On death or when the placement ends, we will liaise with the estate or Nominated Representative about collection of belongings. Any storage or administration charges for belongings not collected will be reasonable, clearly explained, and reflect only actual costs properly incurred after we have made reasonable efforts to arrange collection.

If belongings remain uncollected, we may serve notice under the Torts (Interference with Goods) Act 1977, specifying the goods concerned, where they are held, any charges due, and the date after which we may sell or otherwise dispose of them. If the goods are sold, we may deduct our reasonable costs and will account to the owner or estate for any balance remaining.

7. Insurance and Valuables

The Home maintains an insurance policy covering residents' personal effects up to a maximum of £200 per item. Please notify the Home Manager if you intend to keep higher-value items in your room. We strongly advise against keeping large amounts of cash in your room; a safe is available for the safekeeping of valuables.

8. Pets

Pets are not generally accepted at the Home. In exceptional circumstances, requests may be considered at the Home Manager's discretion. Please raise this before admission if relevant.

9. Smoking

Smoking is permitted only in the designated outdoor smoking area. The Home is otherwise entirely non-smoking.

10. Clothing

Please ensure all clothing is clearly and permanently labelled with your name before admission. Whilst we take every reasonable care, we cannot accept liability for clothing that is lost or damaged during the laundry process.

11. Medication

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11.1 If you wish to self-administer prescription or non-prescription medications and treatment creams, a capability assessment will be completed at or before admission. If approved, you or your Nominated Representative will sign a separate self-medication agreement. We will not be liable for outcomes relating to self-administered medication, save where arising from our negligence.

11.2 If you wish to self-administer non-prescribed medications (e.g. paracetamol) without a formal agreement, please notify the Home Manager beforehand. We accept no liability for outcomes in such cases, save where arising from our negligence. All self-medication arrangements will be reviewed on an ongoing basis.

12. Complaints

We are committed to resolving complaints promptly and fairly. Please speak in the first instance to the Home Manager or a senior member of staff. We will acknowledge your complaint within 3 working days and provide a full written response within 28 days. If you remain unhappy, you may refer your complaint to the Local Government and Social Care Ombudsman or contact the CQC. Our written complaints procedure is available on request and is displayed in the Home.

13. Advocacy and Representatives

If the Resident cannot sign this document personally, it may be signed by a person with legal authority to act, or by an appropriate person on a best-interests basis as set out in Part B. A person signing only in a representative capacity does not become personally liable for fees solely by reason of doing so, unless they have separately agreed in writing to act as Guarantor or Third Party Contributor.

We encourage all residents to consider establishing a Lasting Power of Attorney. If you would like support from an independent advocate, we will facilitate this and direct you to relevant local advocacy services.

14. Gifts, Signatories and Beneficiaries

Gifts: No member of staff may accept personal gifts from residents. Gifts to the Home should be notified to the Home Manager for recording.

Signatories: No member of staff may witness any legal documents relating to you.

Beneficiaries: No member of staff may be named as a beneficiary in your Will or receive any benefit under your estate.

15. Data Protection

We collect and process your personal information to manage your care, issue invoices, communicate with you and your representatives, and fulfil our legal and regulatory obligations. We may share information with medical professionals bound by duties of confidentiality, statutory bodies with a legitimate interest in your welfare or safety, and relevant local authorities or NHS

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bodies in connection with funding. We will not share your information for marketing purposes. Our Privacy Notice, which explains how we use your information and your rights under UK GDPR, is available from the Home Manager on request.

16. House Rules

All residents are asked to respect the rights of others, to treat staff and other residents with courtesy, and to observe the Home's reasonable rules on conduct, safety, and the use of communal areas. A copy of the full House Rules is provided at admission and is available on request.

PART B — CONSENT AND CAPACITY

How to complete this section
One of the three sections below must be completed at admission, depending on the Resident's capacity and the arrangements in place. Only one section should be completed. The Home will guide you on which section applies.
Signing in a representative capacity does not create personal financial liability for the Resident's fees.

Section A — Resident has capacity to consent to this placement

Complete this section if the Resident has capacity to understand and agree to these terms at the time of signing.
Declaration: I confirm that I have read and understood this document and have had the opportunity to ask questions. I agree to be bound by the terms and conditions set out in it and in the Admission Schedule. I understand that the financial terms of my placement are contained in the Admission Schedule and, where applicable, the Financial Terms document or the Respite & Short Stay Addendum. Where the Admission Schedule records this placement as funded by NHS Continuing Healthcare, I also confirm that I have received and read the CHC Funding Notice in Part C of this document and understand that if CHC funding is reduced or withdrawn, a new financial agreement will be required before any personal financial obligation takes effect.

Resident's full name:	
Resident's signature:	
Date:	
Nominated Representative co-signature (optional):	

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Section B — Resident does not have capacity: LPA or Court of Protection Deputy in place

Complete this section if the Resident lacks capacity and a Lasting Power of Attorney (LPA) or Court of Protection Deputy is in place.

An LPA for Health & Welfare gives the attorney authority to consent to care arrangements on the donor's behalf. An LPA for Property & Financial Affairs does not of itself authorise health and welfare decisions. However, that attorney may sign documents relating to payment obligations or administrative arrangements within the scope of their authority.

Declaration: I confirm that: (a) the Resident lacks capacity to consent to this placement at this time; (b) I have legal authority to act on their behalf under the instrument described below; and (c) I am making this decision in the Resident's best interests and within the scope of my legal powers. Signing in this capacity does not of itself make me personally liable for the Resident's fees unless I separately agree in writing to act as Guarantor or Third Party Contributor. Where the Admission Schedule records this placement as funded by NHS Continuing Healthcare, I also confirm that I have received and read the CHC Funding Notice in Part C of this document and understand that if CHC funding is reduced or withdrawn, a new financial agreement will be required before any personal financial obligation takes effect.

Full name of attorney / deputy:	
Instrument type:	☐ LPA — Health & Welfare ☐ LPA — Property & Financial Affairs ☐ Court of Protection Deputy
OPG registration / instrument reference:	
Signature:	
Date:	

Section C — Admission on a best-interests basis (no LPA or Court of Protection Deputy)

Use this section where the Resident is not signing personally and there is no Lasting Power of Attorney or Court of Protection Deputy in place. It applies in two situations — tick the one that applies:

☐ The Resident lacks capacity for this decision at the time of admission. A capacity assessment has been carried out and is recorded in the care file.

☐ The Resident's capacity is uncertain or fluctuating. At the time this decision had to be made, the Home reasonably considered that the Resident could not provide informed consent. The basis for this assessment is recorded in the care file.

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In either case, this section should be signed by a family member, close friend, or other person who knows the Resident and their wishes. The Home Manager countersigns to confirm that a capacity assessment (or record of the basis for uncertainty) is on the care file.

Declaration: I confirm that: (a) a capacity assessment, or a record of the basis for uncertainty about capacity, has been completed and is held in the Resident's care file; (b) I am signing as a person who knows the Resident and their wishes; (c) to the best of my knowledge, this placement is in the Resident's best interests; and (d) I am not a member of staff of Farway Grange. Signing in this capacity does not of itself make me personally liable for the Resident's fees unless I separately agree in writing to act as Guarantor or Third Party Contributor. Where the Admission Schedule records this placement as funded by NHS Continuing Healthcare, I also confirm that I have received and read the CHC Funding Notice in Part C of this document and understand that if CHC funding is reduced or withdrawn, a new financial agreement will be required before any personal financial obligation takes effect.

Full name of person signing:	
Relationship to Resident:	
Signature:	
Date:	
Home Manager's full name:	
Home Manager's countersignature:	
Capacity record on care file:	☐ Confirmed

Agreement by Farway Grange (Amrial Care Ltd)

Authorised signatory: **Full name:** **Position:** **Signature:**	**Date of Contract:**

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PART C — NHS CONTINUING HEALTHCARE FUNDING NOTICE

For CHC-funded placements only

This section applies only to placements funded by NHS Continuing Healthcare (CHC) at the date of admission. For all other placements, leave this section blank. Where this section applies, the declarations in Part B already include acknowledgement of this notice — no separate signature is required here.

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This placement is funded by NHS Continuing Healthcare at the date of admission. The following terms apply:

- The financial relationship for this placement is currently between the Home and the relevant NHS body / ICB. Neither the Resident nor their representative is personally liable for the weekly fee while CHC funding remains in payment.
- The Financial Terms document (Document 2) is not normally signed at admission for a fully CHC-funded placement. It will be required if CHC funding is reduced or withdrawn.
- CHC eligibility is determined by the NHS and may change following reassessment. If CHC funding is reduced or withdrawn, we will discuss revised funding arrangements promptly with you or your representative and, where relevant, the Local Authority. Any direct private payment obligation will only take effect once it has been clearly set out in writing and agreed.
- For transparency, the current Total Fee for the placement is recorded below. This is the gross weekly fee and is provided now so that any later change in funding does not come as a surprise.
- If CHC funding ceases and no lawful and workable alternative funding arrangement can be put in place within a reasonable period, the placement may need to end in accordance with the Contract.

Total Fee (weekly, gross, for information only):	£
Integrated Care Board / NHS funding body:	
CHC reference number (if known at admission):	

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Respite & Short Stay Addendum

Amrial Care Ltd • Version 1.0 April 2026

How this Addendum works

This Addendum applies where the Admission Schedule records the placement as a Respite or Short Stay. It is issued alongside the Admission Schedule and the Consent to Care & Terms of Residence document, and must be read together with them. Where this Addendum conflicts with the main Terms and Conditions on a matter specifically relating to a respite or short-stay placement, this Addendum takes precedence.

For permanent placements, this Addendum does not apply.

1. Booking, Assessment and Agreed Stay Period

1.1 A respite or short-stay placement is for the fixed period stated in the Admission Schedule and is intended as a temporary stay.

1.2 Unless otherwise agreed in writing, the minimum respite stay is 7 nights. We will only confirm a booking once we are satisfied, following a pre-admission assessment so far as reasonably practicable, that we can meet the resident's assessed needs during the agreed stay.

1.3 The maximum respite stay is normally 28 nights. If the resident remains beyond the agreed period and we agree to an extension, the placement will either be extended in writing for a further short period or will convert to a permanent placement under clause 7.

2. Fees, Prepayments and What is Included

2.1 The respite fee is the rate stated in the Admission Schedule. The fee for the full booked period is payable in advance before admission unless otherwise expressly agreed in writing.

2.2 The respite fee covers accommodation, care, and services as set out in clause 1 of the Consent to Care document, together with any items clearly stated in the Admission Schedule. Any Additional Services must be identified in advance where reasonably practicable and charged in a transparent and proportionate manner.

2.3 If the resident arrives later than the booked start date, leaves earlier than the booked end date, or is temporarily absent during the booked period, the respite fee remains payable for the full booked period, because the room and care arrangements have been reserved for that fixed stay.

3. Cancellation Before Admission

3.1 If you cancel 14 or more days before the planned admission date, any advance payments will be refunded in full, except that we may retain a reasonable administration fee of no more

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than £25 where this was clearly disclosed before booking and only to the extent it reflects our actual administrative cost.

3.2 If you cancel between 7 and 13 days before the planned admission date, we may retain or charge up to 7 days of the respite fee, but only to the extent of our actual net loss after taking reasonable steps to re-allocate the room.

3.3 If you cancel less than 7 days before the planned admission date, or the resident does not arrive without prior notice, we may retain or charge up to 7 days of the respite fee, again only to the extent of our actual net loss after reasonable steps to re-allocate.

3.4 We will not impose a cancellation charge as an automatic penalty. If we fill the room for all or part of the cancelled period, the amount retained or charged will be reduced accordingly.

4. Early Ending of a Respite Stay

4.1 The resident or their representative may end a respite placement early by giving at least 7 days' written notice, unless a shorter period is agreed or urgent welfare circumstances make this reasonable.

4.2 If the resident leaves before the end of the notice period, fees will remain payable only for the notice period or until the room is re-booked for the same period, whichever is sooner.

4.3 We may end a respite placement early only for a fair reason — for example where we cannot meet the resident's assessed needs safely, there are serious behaviour or safety concerns, there has been a material change in needs we cannot safely manage, or the placement was booked on materially inaccurate information.

4.4 Where we end a respite placement, we will give as much written notice as is reasonable and practicable. Except in a genuine emergency or safeguarding situation, we will normally aim to give at least 7 days' notice.

4.5 If the respite placement ends early, we will refund any prepayments relating to days after the end of the notice period or services not supplied. We will not charge twice for the same room for the same period.

5. Hospital Admission, Absence and Extension Requests

5.1 If the resident is temporarily absent during a booked respite stay (for example due to a hospital admission or family visit), the room will remain reserved for the remainder of the agreed period unless otherwise agreed in writing.

5.2 The agreed respite fee will usually remain payable during any temporary absence within the booked period. We will not charge any additional accommodation fee for the same room during the same period.

5.3 Any request to extend a respite stay should be made as soon as reasonably practicable. We cannot guarantee an extension. If agreed, the extension must be recorded in writing with the revised departure date, revised fee (if any), and whether the stay remains a respite placement or converts to a permanent placement.

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5.4 Where an agreed extension would take the total stay beyond 28 nights, we may require the placement to transfer to permanent placement terms, with new terms and fees confirmed in writing.

6. Death During a Respite Stay

6.1 The placement ends on the resident's death.

6.2 Fees will be charged as follows: (a) we may continue to charge the daily room rate until the earlier of the date the room is cleared of the resident's possessions, 7 days from the day after death, or the date the room is re-occupied; (b) we will not charge for the same room twice; and (c) under normal circumstances we ask that the room be cleared within 3 days of the resident's death.

6.3 Any overpayment will be refunded to the estate promptly.

7. Conversion to Permanent Placement

7.1 A respite placement does not automatically become a permanent placement. If both parties wish the placement to continue beyond the agreed period, a new Admission Schedule must be completed and a new Financial Terms document signed, confirming the change to a permanent placement, the permanent fee, any trial arrangements, and any changes to funding, notice or deposit provisions.

7.2 Unless otherwise agreed in writing, the resident is expected to vacate the room by the agreed departure time on the final day of the respite stay so that discharge arrangements, cleaning and any incoming admission can be managed safely.

8. Payment

8.1 Our preferred payment method is Direct Debit via GoCardless. BACS bank transfer is also accepted. Card payments may be accepted at our discretion; no surcharge is added for consumer card payments. Payment details are as follows:

Bank: [Provided on admission]

Account Name: [Provided on admission]

Sort Code: [Provided on admission]

Account Number: [Provided on admission]

Payment Reference: [Provided on admission]

8.2 Where payment is made in advance and the full fee has been received before admission, no further invoice will be raised for the booked period. Additional Services (as defined in the Consent to Care document) are invoiced in arrears within 14 days of the end of the stay.

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8.3 Where, exceptionally, payment has been agreed to be deferred or made in instalments, and a payment is returned unpaid by your bank, we will pass on the charge levied on us by our payment processor (typically £5–25), with no markup applied. If an instalment remains outstanding 14 days after it falls due, interest will accrue at 4% per annum above the Bank of England base rate, calculated daily from the date the payment fell due.

9. Funded Nursing Care (Nursing Site Only)

This clause applies only to placements at the nursing site where the resident may be eligible for NHS Funded Nursing Care (FNC). It does not apply to residential placements.

9.1 At the nursing site, the Total Fee is always the gross amount inclusive of nursing costs. Where the NHS determines that the resident is eligible for FNC, the FNC contribution is paid directly by NHS Dorset to the Home and reduces the Net Resident Liability (the amount payable by or on behalf of the resident) from the date NHS payments begin.

9.2 FNC eligibility is assessed by the NHS and may not yet be confirmed at the date of admission. Where FNC has not been assessed or confirmed, the full Total Fee shown in the Admission Schedule is payable pending NHS confirmation. If an FNC award is subsequently made with a backdated start date covering any period already paid in full, we will calculate the difference and refund that amount to the resident or their estate promptly following receipt of the backdated NHS payment.

9.3 Where a short stay of less than six weeks is required, NHS Dorset will assign an FNC rate based on records available to them, without a full Determination assessment. We will notify you or your Nominated Representative if an FNC contribution applies to this placement.

Agreement and Signatures

Agreement by Resident or Nominated Representative

I have read and understood the Consent to Care - Terms of Residence document and this Respite & Short Stay Addendum and agree to be bound by them. I confirm that all sums lawfully due to Amrial Care Ltd under this agreement will be paid in accordance with its terms. Signing as the resident's Nominated Representative does not of itself make me personally liable for the fees unless I separately agree in writing to act as Guarantor or Third Party Contributor.

Full Name:	
Capacity / Relationship:	
Signature:	
Date:	

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Agreement by Farway Grange (Amrial Care Ltd)

Authorised Signatory: **Full Name:** **Position:** **Date:**	**Signature:**

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