



# La Gratitude Home For the Aged

"The People Who Care"

REG NO. 031-383 NPO

PBO NO. 930002366

P.O. Box 1418, NEWCASTLE 2940 • 57 York Street, Corner of York & Bird Street • NEWCASTLE, 2940, KwaZulu-Natal

T: 034 315 5466

F: 034 315 5467

E: GRATITUDE2005@telkomsa.net

Website: www.lagratitude.co.za

## INDEMNITY FORM – TRANSPORT

DATE \_\_\_\_\_

I am aware transporting of the elderly to: Hospital, Doctors Appointments and Clinic Appointments, Banks, or any other activity they may be invited to which may have inherent dangers which could result in serious injury.

I (full name/s) \_\_\_\_\_

ID No \_\_\_\_\_

Hereby agree to the following Terms and Conditions pertaining to the operations and the indemnity.

1. This activity is being undertaken at my own risk and that La Gratitude Home for the Aged or any employee of theirs involved with the execution hereof will NOT be held liable to yourself arising from ANY injuries, whether fatal or otherwise, sustained during any activity, transportation or as a result thereafter, howsoever such injuries may be caused.
2. La Gratitude Home for the Aged employees will not be liable for any physical loss, material loss of or damage to any property sustained by me, howsoever such damage may have been caused.
3. I undertake to comply with the lawful instructions of any of La Gratitude Home for the Aged employees.
4. I hereby indemnify and hold harmless the Organisation; La Gratitude Home for the Aged and all other persons against all actions or claims by me arising from the above activity, transportation.
5. I accept that this contract sets out the full basis of the relationship between the Organisation; La Gratitude Home for the Aged and acknowledge that it is governed by the laws of South Africa and that in the event of me bringing any legal action against the Organisation, its Board Members, Managers, Employees or Contractors I agree that only the courts of South Africa shall have any jurisdiction.
6. I declare that I am not under the influence of any alcohol or any other intoxicating substance.

I HEREBY AGREE TO UNDERTAKE THE TRANSPORTATION / ACTIVITY SERVICE AT ENTIRELY MY OWN RISK AND THAT ALL INFORMATION HAS BEEN READ AND UNDERSTOOD AS WRITTEN HEREIN. (Please complete the form below using block letters)

SURNAME \_\_\_\_\_

FIRST NAMES \_\_\_\_\_

AGE \_\_\_\_\_ ID NUMBER \_\_\_\_\_

SIGNATURE OF THE RESIDENT / AUTHORISED PERSON: \_\_\_\_\_

SIGNATURE OF DRIVER OF VEHICLE \_\_\_\_\_

SIGNATURE OF LA GRATITUDE REPRESENTATIVE \_\_\_\_\_



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## INFORMED CONSENT

**DEFINITION – SAFETY RESTRAINT:** Safety restraint is used in the form of a seatbelt (mainly used for chairs, wheelchairs). Cot sides restraints are used in the form of a sheet to prevent the resident from falling out of the bed. **AT NO TIME MAY A RESIDENT'S HANDS OR FEET BE TIED DOWN.**

### CONSENT TO:

#### **SAFETY RESTRAINT**

I, \_\_\_\_\_  
the undersigned, understand that safety restraining procedure needs to be applied to me/my family member/next of kin in order to ensure my safety/the safety of my family member / next of kin.

The following information was conveyed to me, and the procedure explained:

- a) I was informed of the reason for safety restraint and requested to give consent
- b) I was informed that all other measures have been explored before safety restraints has been considered.
- c) The nature of the safety restraint that will be applied was explained to me as well as the procedures that will be followed:
- d) Ensure the circulation of the older person will not be impeded at any time.
- e) Ensure that despite the restraints the older person will be able to resume a natural anatomical position at all times and that the resident will be able to move as freely as possible.
- f) Ensure that a knot will be used that can easily and quickly be undone in an emergency and will not pull tight when the older person moves.
- g) Ensure that the older person will continuously be monitored (at least every half an hour)

- h) Ensure that the resident will never be unattended while restraints are temporarily removed.
- i) It is my right to withdraw this consent at any time or for any specific procedure or for any specific procedure or modality.
- j) I understand the procedures and I had the opportunity to discuss it with the Professional Nurse.
- k) I hereby consent to the applying of safety restraints when necessary to ensure my safety / the safety of my relative or next of kin.
- l) I hereby give consent that cotsides safety restraint may be used where necessary.
- m) I give this consent freely and declare that it was not made under duress.

**THE PEOPLE WHO CARE**

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**SIGNED: RESIDENT/AUTHORISED PERSON**

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Name & Surname of resident / authorised person

---

**DATE**



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## PROTECTIVE RESTRAINT FORM

### NAME AND SURNAME OF ELDERLY

\_\_\_\_\_

Requires protective safety restraints, to try to prevent elderly from injuring him / herself.

The elderly's circulation and comfort will be checked regularly.

\_\_\_\_\_

Name and surname of person giving and are aware of elderly being given protective safety restraints.

\_\_\_\_\_

**SIGNATURE**

\_\_\_\_\_

**DATE**

\_\_\_\_\_

**LA GRATITUDE REPRESENTATIVE  
NURSING DEPARTMENT**



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## WHEELCHAIR CONSENT

I am aware that if I push any of the elderly that are in a wheelchair, that I do so with the resident's permission and the consent of the family of the resident. I am aware that this action may have inherent danger which could result in a serious injury and therefore I take full responsibility should the wheelchair bound resident come to harm or myself get injured.

I \_\_\_\_\_ ID No: \_\_\_\_\_

Hereby agree to the following Terms and Conditions pertaining to the operations and the indemnity.

1. This activity is being undertaken **at my own risk** and that La Gratitude Home for the Aged or any employee of theirs involved with the execution hereof will **NOT** be held liable for **ANY** injuries, whether fatal or otherwise sustained during any activity, transportation or as a result thereafter, howsoever such injuries may be caused.
2. La Gratitude Home for the Aged employees will not be liable for any physical loss, material loss or damage to any property sustained by me, howsoever such damage may have been caused.
3. I undertake to comply with the lawful instructions of any of La Gratitude Home for the Aged employees.
4. I hereby indemnify and hold harmless the Organisation; La Gratitude Home for the Aged and all other persons against all actions or claims by me arising from the above activity, transportation.
5. I accept that this contract sets out the full basis of the relationship between the Organisation; La Gratitude Home for the Aged and acknowledge that it is governed by the laws of South Africa and that in the event of me bringing any legal action against the

Organisation, its Board members, Managers, employees or contractors I agree that only the Courts of South Africa shall have any jurisdiction.

6. I declare that I am not under the influence of any alcohol or any other intoxicating substance.

I hereby agree to undertake pushing around of (Name of resident)

\_\_\_\_\_

In a wheelchair at entirely my own risk and that all information has been read and understood as written herein. **(Please complete the form below using block letters)**

SURNAME \_\_\_\_\_

FIRST NAME \_\_\_\_\_

AGE \_\_\_\_\_ IDENTITY NUMBER \_\_\_\_\_

SIGNATURE OF RESIDENT OR AUTHORISED PERSON \_\_\_\_\_

DATE \_\_\_\_\_



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## RESIDENT - INFORMED CONSENT

### CONSENT TO:

### PHYSIOTHERAPY, OCCUPATIONAL THERAPY, AUDIO THERAPY AND SPEECH THERAPY TREATMENT

I \_\_\_\_\_

the undersigned understand that

- During the treatment and evaluation of my medical condition I may be required to uncover specific body parts and I understand that I may refuse to do so if and when I do not feel uncomfortable in doing so.
- I acknowledge that the respective therapist may be required to examine me through touch on my body in order to provide, identify and prescribe effective treatment and that I will inform the therapist if and when I feel uncomfortable in doing so.
- It is my full right to withdraw this consent at any time or for any specific procedure or modality verbally to a representative of La Gratitude who will write the request and I will acknowledge the request through my signature hereof. Or in writing on the regulated format of La Gratitude.
- I understand the procedures and possible potential implications and I was given the opportunity to discuss this with the therapist prior to therapy.
- I hereby consent to physiotherapy procedures and modalities that will be performed on me/my dependant: subjected to the therapist performing the relevant safety tests and evaluation and taking relevant precautions.
- I give my consent to the above freely and herewith declare that it was not made under duress and by own free will.

\_\_\_\_\_  
SIGNED: RESIDENT / NEXT OF KIN /

\_\_\_\_\_  
DATE

AUTHORISED PERSON





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## TEMPORARY ROOM ALLOCATION

RESIDENT: \_\_\_\_\_ ROOM NO: \_\_\_\_\_

Please be informed that Mr / Mrs \_\_\_\_\_  
will be temporarily moved from \_\_\_\_\_ (wing) \_\_\_\_\_ (room  
no) to \_\_\_\_\_ wing (Room no) \_\_\_\_\_  
As from \_\_\_\_\_ (date). This arrangement is a temporary arrangement  
due to an emergency or crisis experienced within the facility or due to a behavioural or health  
related matter. As stated, this is a **temporary arrangement** within the facility in order to attend  
to the crisis or emergency and that Mr / Mrs \_\_\_\_\_  
will be transferred back to his/her room or alternative. The inconvenience is highly regretted  
by La Gratitude Home for the Aged and the personnel.

\_\_\_\_\_  
**NURSING SERVICES MANAGER**

\_\_\_\_\_  
**PROFESSIONAL NURSE ON DUTY**

\_\_\_\_\_  
**SOCIAL WORKER**

\_\_\_\_\_  
**SIGNATURE OF RESIDENT / AUTHORISED PERSON**

**LA GRATITUDE HOME FOR THE AGED**

**031-383-NPO**

**57 YORK STREET, NEWCASTLE, KZN 2940**

**NO 6 JOHN PARKS AVENUE, PIONEER PARK, NEWCASTLE, KZN**



**CONSENT & UNDERTAKING OF RESIDENTS**

**RESIDING AT:**

**FRAIL CARE OR COTTAGES OR FLATS IN TERMS OF  
THE PROTECTION OF PERSONAL INFORMATION ACT (“POPIA”)**

**I, the undersigned:** \_\_\_\_\_

**Identity Number:** \_\_\_\_\_

**Frail care (Indicate bedroom No):** \_\_\_\_\_

**Cottage (Indicate cottage number):** \_\_\_\_\_

**Flats (Indicate flat number):** \_\_\_\_\_

Hereby agree to provide my Personal Information to **LA GRATITUDE HOME FOR THE AGED** Registration Number **031-383-NPO (“the Company”)**, on the express understanding that:

1. This constitutes my consent as required under Section 11(1)(a) of the Protection of Personal Information Act 4 of 2013 (“POPIA”).
2. The accounts department, finance department or any other relevant department of the Company will have access to my personal details which have been furnished to them

for the purpose of services (rental, board and lodging, meals, hampers etc) rendered as a resident of the organisation's (Circle the appropriate facility) Frail Care / Flats / Cottages.

3. The Company will collect my Personal Information, which shall include, but not be limited to:
  - 3.1 Identity Number;
  - 3.2 Copies of identity documentation
  - 3.3 Curriculum Vitae including education certificates and/or any Industry accreditation certificates; **(Only applicable to part time work or honorarium).**
  - 3.4 Financial information proof of banking details
  - 3.5 Medical Information
  - 3.6 Bank statements
  - 3.7 Next of kin information
  - 3.8 Contact details, including cell phone number, home number, email address, postal and home address previous and current;
  - 3.9 Any other information that may be required to be provided by me to the company from me from time to time.
  
4. The Company will collect my Personal Information as required by POPIA from the following sources:
  - 4.1 Publicly accessible platforms and verification agencies; and
  - 4.2 Myself
  
5. The personal data will be used by the Company only for the purposes that are related to any "services" which I receive from the Company and have an written or verbal agreement with.
  
6. I furthermore acknowledge that during the course of these services being rendered with the Company, any addendum to incorporate the changes of the PAIA and the POPIA No 4 of 2013 as required by government and legislation, that this consent will be added to my existing "services" agreement and is acknowledged by me to be accepted as an addendum hereto.

I will accept that the addendum may be changed as required by government from time to time and will be informed by the Information Officer in this regard.

I furthermore acknowledge that I may gain access to Personal Information related to other residents due to the proximity of my neighbours and close interactions of the same facility or other facility in which I reside, and visitors of the Company's facilities, in regard whereto:

- 6.1 I record and confirm that I have been subjected to a POPIA awareness session by the respective administrator / Information Officer.
- 6.2 I have been made aware of the importance of POPIA and the manner in which the Company intends to protect Personal Information that it received and/or processes.
- 6.3 I know the Company may only process Personal Information for specific purposes and that any processing or dissemination of Personal Information outside of the specific purposes is unlawful; and
- 6.4 I undertake that I will ensure that my actions as a resident to *Frail Care / Flats / Cottages (Circle the appropriate facility)* are in line with the Company's compliance framework related to POPIA.

<b>Full name and Surname:</b>  _____	<b>Information Officer of Company</b>  _____
<b>Please sign in full / Signature</b>  _____	<b>Signature of Information Officer</b>  _____
<b>Date:</b> _____	<b>Date:</b> _____



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Fax: 034 315 5467  
Email: GRATITUDE2005@telkomsa.net  
Website: www.lagratitude.co.za

#### ADDENDUM TO:

### BOARD AND LODGING CONTRACT WITH APPLICATION FOR ADMISSION

#### CCTV CAMERAS

Please take note that during the course of the next few months cameras with audio will be installed in all the Bedrooms, Sickbay and Bathrooms as well as all areas of contact with any person working (Contractors, Volunteers, Employees) on the premises of La Gratitude Home for the Aged or residing here at La Gratitude Home for the Aged Frail Care Facility corner of York and Bird Street, Newcastle, Kwa Zulu Natal on a permanent or a temporary basis.

The sole purpose of the cameras is to ensure that the 24 hour wellbeing of our residents are managed in a manner which can be monitored appropriately as well as accurately whilst minimizing the possible risk factor which cannot be managed through normal means in the bedrooms due to the nursing routine time schedules and the absence of camera and audio footage. The camera installation addendum will be applicable to all specified areas as noted above which are not currently covered by the existing audio and camera system.

All residents can be assured that the system is maintained in an office with strict access and viewing control and cannot be viewed by any person other than the authorised CEO of the establishment, nominated representatives from the Board of Control and any respective management on a once off incident basis request for purposes of investigation procedures. All Confidentiality will remain a priority in all notable instances and for purposes of investigation.

The Older Persons Act 13 of 2006 clearly stipulates in the functional area of Operational Management that the following sub-areas are to be addressed:

- Human Resources Management, with the output of well trained, motivated and committed personnel.
- Nursing services administration and care, **with outputs of acceptable standards for continuous care and support of older persons**, including but not limited to the *reduction of all possible risk factors* to maintain an acceptable homely life style for as long as possible within the facility.

- Rights and responsibilities of older persons with outputs that older persons must be treated with respect and dignity at all times.
- That Elderly persons **are to be protected** against abuse, neglect, bad treatment of any kind and exploitation of any form or manner.

The requirements, as clearly outlined and spelt out in the Older Persons Act 13 of 2006 La Gratitude has over the past 35 years strived to meet these requirements of the Act for the full Benefit of our residents to do our utmost best to eliminate as many risks as possible through monitoring processes and systems, thus the implementation of the camera and audio system implementation to complete the crucial precautionary measures.

**Be assured:**

The CCTV material is monitored by only the Chief Executive Officer and the respective authorised persons approved by the governing Board of this organisation.

Should any of the material be required for the use of evidence in any case under investigation the findings and respective footage will be done with the permission of the resident or his/ her family/ authorised representative or by instruction of a legal body or a court of law.

I accept the above-mentioned information to be to in the best interest of myself / authorised person and agree to the camera with audio system being installed as detailed above.

\_\_\_\_\_

**Resident Name and Surname** **Signature**

\_\_\_\_\_

**Full Name of Authorised person on behalf of the Resident unable to sign**

**Signature** \_\_\_\_\_

**Authorised person on behalf of the Resident unable to sign Eg: Son, Sister, Attorney**

**Relationship to resident :** \_\_\_\_\_

-----

**Authorised Representative of La Gratitude**  
**CHIEF EXECUTIVE OFFICER**

**DATE:** .....



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I accept the above-mentioned information to be to in the best interest of myself / authorised person and agree to the camera with audio system being installed as detailed above.

\_\_\_\_\_  
Resident Name and Surname

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Full Name of Authorised person on behalf of the Resident unable to sign

Signature: \_\_\_\_\_

Authorised person on behalf of the Resident unable to sign Eg: Son, Sister, Attorney

Relationship to resident: \_\_\_\_\_

\_\_\_\_\_  
Authorised Representative of La Gratitude

CHIEF EXECUTIVE OFFICER

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





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## INFORMED CONSENT

I, \_\_\_\_\_ ID No. \_\_\_\_\_  
hereby give my full consent with no restrictions that La Gratitude Home for the Aged may take still photographs of me, to be used by them solely for marketing purposes as indicated below:

Marketing mediums to be used

1. Electronic - Website, Twitter, Facebook, Instagram etc.
2. Hard Copy – Brochures, pamphlets, banners, newspapers, magazines and any other publication applicable to market La Gratitude's services for all three entities;
  - 2.1 La Gratitude Flats
  - 2.2 La Gratitude Cottages
  - 2.3 La Gratitude Frail Care Facility (Old Age Home)

By signing this informed consent, I \_\_\_\_\_

ID No. \_\_\_\_\_ fully understand the request and give La Gratitude Home for the Aged full consent with no restrictions of any nature whatsoever.

\_\_\_\_\_  
SIGNATURE RESIDENT / AUTHORISED PERSON

\_\_\_\_\_  
DATE

WITNESSES:

1. \_\_\_\_\_  
SIGNATURE  
NAME AND SURNAME:

2. \_\_\_\_\_  
SIGNATURE  
NAME AND SURNAME: