



TOUR
TODAY

Explore

46 Middle Road
Hillcrest
P 07 3809 8200
cofc.com.au

CLIVE BURDEU 
AGED CARE



Specialised care

Our welcoming home provides:

- Residential aged care
- Respite care
- Palliative care
- Dementia care
- Pastoral care

When you join us, embrace:

- Personalised, individual care
- A team that truly cares, 24/7
- A community of residents at a similar life stage
- Lovely, safe surroundings
- No hidden costs
- A range of activities to enjoy

We welcome you to Clive Burdeu Aged Care

Clive Burdeu Aged Care is located in Hillcrest, just north of Logan City, surrounded by picturesque views and bushlands. You'll have all the essential amenities nearby with major shopping centres, restaurants and local medical centres just a short drive away. Just some of our home features include:

-  Beautiful courtyard gardens
-  Delicious meals prepared onsite
-  Onsite salon
-  Comfortable lounge and dining spaces
-  Social activities and group outings





Lifestyle

With input from our residents, we've created a fun, inspiring program to encourage social connection and an active lifestyle. Together, the residents and staff celebrate birthdays, special occasions, and cultural events.

Activities may include:

- Scenic day trips
- Fitness classes
- Arts and crafts
- Puzzles and quizzes
- Cooking groups
- Movies
- Carpet bowls
- Church services

If there are activities you'd like to try, our staff are always happy to help wherever possible.

At Clive Burdeu Aged Care, you'll find a warm and caring community to welcome you home. **Tour today!**

Room features

You'll feel right at home and have plenty of space to personalise your room. Depending on your needs, rooms include:

- Private ensuite
- Air-conditioning
- Electric bed
- Bedside table
- Wardrobe
- Arm chair
- Windows and natural light
- Telephone point
- 24/7 care support

Explore
home



Seasonal menu

Monday

Waffles + cream
or continental breakfast

Banana cake

Savoury mince, savoury
potato, sliced beans,
steamed sweet potato

Tiramisu

Finger sandwiches

Tomato soup

Pork sausages + balsamic
onions, onion gravy,
mashed parsley potato

Fresh fruit + custard

Biscuits or finger
sandwiches

Tuesday

Breakfast beans
or continental breakfast

Cookies

Lamb hot pot, tomato
gravy, cous cous, grilled
zucchini, bias cut carrot

Mousse

Char grilled vegetable dip

Beef + potato soup

Salmon cakes, bechamel
sauce, dill potato,
cucumber salad

Fresh fruit + custard

Biscuits or finger
sandwiches

Wednesday

Frittata + bacon
or continental breakfast

Donut

Braised steak +
mushrooms, mashed
cheese potato, broccoli
bake, steamed pumpkin

Peach crumble

Salami + cheese

Mushroom + bacon soup

Chicken kiev, garlic
bechamel sauce, mixed
roast vegetables or salad

Fresh fruit + custard

Biscuits or finger
sandwiches

Thursday

Eggs benedict + English
muffin or continental
breakfast

Carrot cake

Roast chicken, pan gravy,
roast potato, peas, roast
pumpkin

Chocolate pudding

Chef's choice

Spanish sausage soup

Meatballs in mild yellow
curry sauce, mashed
potato, coleslaw or salad

Fresh fruit + custard

Biscuits or finger
sandwiches



Seasonal lifestyle

Monday

9.15 am Morning exercises

10.30 am Devotions

1.30 pm Afternoon movie



Tuesday

9.15 am Morning exercises

10.00 am Hoy + Bingo

Bus day trip to parklands + morning tea

2.00 pm Quiz in activity room + Hangman

Icecream trolley



Wednesday

9.15 am Morning exercises

10.00 pm Word games

2.30 pm Quiz/Uno/Celebrity Head + milkshakes



Thursday

9.00 am Hairdresser

9.15 am Morning exercises

10.00 am Bocce bowls/Spring painting + craft

Musical concert with entertainer

2.00 pm Snakes & Ladders + Dominoes



Aged care enquiry

Please complete and return to your local aged care service or email agedcare@cofcqld.com.au

APPLICANT'S DETAILS

First name(s): Surname:

Date of birth: Female Male Other

Marital status: Single Married De facto Divorced Widowed

Country of birth: Religion:

Pension/DVA number: Full pension Part pension None

Medicare number: Health fund:

Address and contact details

Street:

Suburb: State: Postcode:

Telephone: Mobile:

Email:

Present living arrangements

Hospital Own house/unit Living with family

Other Aged Care Service Rented accommodation

Type of accommodation

Permanent Care Respite Care Dementia Care

Urgent need for care? Yes No

Does the applicant have an Aged Care Assessment (ACAT)? Yes No

My Aged Care Referral number:

Has the applicant completed a Residential Aged Care Centrelink/DVA Combined Asset and Income Assessment? Yes No

If yes, date submitted:

REPRESENTATIVE'S DETAILS

Has the applicant nominated a representative to act on their behalf? Yes No

First name(s): Surname:

Street:

Suburb: State: Postcode:

Telephone: Mobile:

Email:

Relationship to applicant:

Is this person your EPOA? Yes No

Is this person your Emergency Contact? Yes No

APPLICANT'S ASSETS AND INCOME SUMMARY

Note: If you have a spouse or partner (married/de facto) then you need to declare 100% of the asset and income values in this schedule.

Do you own your own home? Yes No

If yes, do you share your home with:

- A spouse or dependent child? Yes No
- A carer (for more than 2 years) or a close relative (for more than 5 years)? Yes No

Do you intend to keep your home? Yes No

| Assets | Value |
|---|-------|
| Your home | \$ |
| Other Real Estate (e.g. Investment Properties) | \$ |
| Gifts / Deprivation (any money or assets gifted in the last 5 years) | \$ |
| Home Contents and Special Collections (e.g. artwork, antiques, stamp collections) | \$ |
| Motor Vehicles, Boats, Caravans or Trailers | \$ |
| Cash (e.g. not kept in financial institutions) | \$ |
| Financial Accounts (e.g. bank accounts, building societies, credit unions) | \$ |
| Shares, Options, Rights, Convertible Notes in listed or unlisted companies | \$ |
| Managed Funds | \$ |
| Insurance or Government Bonds | \$ |
| Funeral Bond | \$ |
| Prepaid Funeral | \$ |
| Life Insurance that can be encashed | \$ |
| Debts | -\$ |

| Income | Value |
|--|-------|
| Total Annual Income (including all pensions) | \$ |

APPLICANT'S OR REPRESENTATIVE'S DECLARATION

I declare that the information supplied on this form is true and correct to the best of my knowledge and (if completing this form electronically) I certify that the typed signature below is intended to be my signature.

Signature:

Date: