



## **PART C – APPLICATION FOR REGISTRATION IN RESPECT OF A HOME CARE SERVICE**

Application in accordance with Article 4 of the Regulation of Care (Jersey) Law 2014

Note that the receipt of incomplete information by the Care Commission may result in your application being refused.

*Please refer to guidance document while completing this form and use continuation sheets if necessary.*

### **INFORMATION ABOUT THE HOME CARE SERVICE**

#### **Section 1**

**1.1 Establishment in respect of which the application is made** *(please note it is a condition of registration that provider must have an address in Jersey and must supply the address from each location at which it provides a regulated service)*

<b>Name of Service</b>	
<b>Name of proposed/Registered Provider</b>	
<b>Name of proposed/Registered Manager</b>	
<b>Address line 1</b>	
<b>Address line 2</b>	
<b>Parish</b>	
<b>Postcode</b>	
<b>Telephone</b>	
<b>Email</b>	

**1.2 Registration status**

Is this service currently registered/licensed for any care purpose

YES                       NO

If you have answered 'Yes' please describe the nature of the current registration

Please provide the date on which the agency was or is proposed to be established  
(dd/mm/yyyy)

**Section 2**

**Registration Details - (please note this information will form the basis of the mandatory conditions applied to the registration)**

**2.1 Description of the Home Care Service**

<b>Maximum number of all care hours to be provided</b>		
<b>Maximum number of nursing care hours to be provided</b>		
<b>Maximum number of personal care/personal support hours to be provided</b>		
<b>Age range of care receivers</b>		
<b>Category of Care (to be) provided</b>	<b>Maximum number of care receivers</b>	<b>Age range of care receivers</b>

<b>Old Age</b>		
<b>Dementia Care</b>		
<b>Physical Disability</b>		
<b>Learning Disability</b>		
<b>Autism</b>		
<b>Mental Health problem</b>		
<b>Substance misuse (drug and/or alcohol)</b>		
<b>Homelessness</b>		
<b>Domestic Violence</b>		
<b>Children</b>		
<b>Other (please specify)</b>		

**Section 3**

**Premises**

**3.1 Information about the business premises**

Will/Do you:

own the premises       lease the premises       rent the premises

If leasing or renting the premises how much notice to quit is required

<b>Location of business office (i.e.) commercial building, room in domestic property</b>	
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<b>Number and size of offices</b>	
<b>Other facilities available in the premises e.g. training room, interview room, waiting room</b>	
<b>Where are prospective staff interviewed</b>	
<b>Where do staff receive supervision/appraisals etc</b>	
<b>Please describe where and how business records are stored and archived. (<i>this includes staff records, rotas, care records, contracts for care etc</i>)</b>  <b>What measures are in place to keep records secure?</b>	
<b>Give details of the call logging system used to record staff arrival/departure times and alerts to prevent missed visits</b>	

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**Section 4**

**Staffing**

**4.1 Staff list**

What is the whole time equivalent number of staff required to deliver and manage direct care (Whole time equivalent is considered to be 40 hours).

Please fill in details of all staff, including management/supervisors, administration and training staff. Please continue on a separate sheet if necessary, or provide a separate staffing list showing the information requested below.

Name	Gender	D.O.B. (dd/m/yy)	Position held	Full or part time	Intended no. of hours per week	Qualification	Date commenced




## 4.2 Staff Rotas

Please attach a staffing rota covering two weeks to include travel time and location. Show the numbers of senior carers, carers, domestic and administrative staff on duty, times of staff changeovers and handover periods. Indicate which person is in charge on each shift

## Section 5

### Fees

Please set out below the scale of charges that apply to people using the service specifying any top up fees over and above the Long Term Care benefit rate and additional charges that are not covered by the scale.

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## Section 6

### List of attached documents

Please ensure that you have enclosed all the documents listed below with this application. Please refer to the guidance for it is your responsibility to submit the required documentation to enable the Care Commission to assess that the proposed service is fit for purpose. Should you fail to do so, the Care Commission may be required to refuse the application.

Item	Tick	Comment
1. Fully completed application form		
2. Statement of Purpose for the service		

3. Copy of business licence		
4. A certificate of insurance for the applicant in respect of liability that may be incurred in respect of death, injury, public liability, damage or other loss		
5. Staff list		
6. Staff duty rota		

## Section 7

### Declaration and Signature

This section must be signed by the individual provider applying for registration or in the case of an organisation, the person nominated as the 'main contact partner'

I certify that the information I have provided in this application form and in any attached documents is, to the best of my knowledge and belief true and complete. I understand that under Article 45 of the Law, that to knowingly make false or misleading statements is an offence that may result in prosecution and the registration being refused. I further accept that the information in Section 1.1 and 2.1 can be applied as conditions to the registration.

<b>Signature</b>				
<b>Full name</b> (Please Print)	<b>Title</b>	<b>First</b>	<b>Middle</b>	<b>Last</b>
<b>Date of signing</b> (dd/mm/yyyy)				

Please return the completed application and all required documentation marked **Confidential** to:

Applications Processing  
 Jersey Care Commission  
 23 Hill Street  
 St Helier  
 JE2 4UA  
 Email: [notifications@carecommission.je](mailto:notifications@carecommission.je)

Please refer to [www.carecommission.je](http://www.carecommission.je) for data handling information.