



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)*

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

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

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

Children and young people (0-18)		
Young adults (19 to 25)		
Adult 60+		
Learning Disability		
Autism		
Physical Disability and /or Sensory Impairment		
Mental Health		
Homelessness		
Dementia Care		
Substance Misuse (drug and/or alcohol)		
Domestic Violence		
Other (please specify)		

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

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

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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.

Signature				
Full name (Please Print)	Title	First	Middle	Last
Date of signing (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

CCHC04

Please refer to www.carecommission.ie for data handling information.