

PART A – APPLICATION FOR REGISTRATION AS A PROVIDER ORGANISATION OF AN ESTABLISHMENT OR AGENCY

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.

Establishments or Agencies in respect of which the application is made

Name of service	Address	Type of service <i>(i.e. care home, home care, adult day centre)</i>

Continue on separate sheets as necessary

Attached are [] extra sheets

INFORMATION ABOUT THE PROVIDER ORGANISATION

Section 1

1.1 Name of organisation or partnership

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1.2 Details of organisation or partnership

Trading Name	
Registration Number of the Company	
Company Type	
If a Registered Charity, the Jersey Charity Number	
Address Line 1	
Address Line 2	
Parish	
Postcode	
Telephone	
Business Email	
Fax	

1.3 Names and position of all partners in the organisation or partnership

Name (<i>please print</i>)	Position within the organisation or partnership

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Continue on separate sheets as necessary

Attached are [] extra sheets

1.4 Subsidiary companies

If the organisation is a subsidiary of a holding company, please provide details of the holding company and its registered or principal office

Name of Holding Company	
Registration number of the Company	
Address line 1	
Address line 2	
Parish	
Postcode	
Telephone	
Business Email	
Fax	

Section 2

Main contact partner

This section should be completed by the person who will be the main contact partner for the organisation

The main contact partner is the partner to whom the Care Commission will address all formal notices and other documents sent to the partnership. These documents will be sent to the main contact partner at the email or postal address for the care establishment, agency or service shown in the partnership's Statement of Purpose. The partnership should have arrangements in place to ensure that it can open and respond to all correspondence from the Care Commission without delay, including when the main contact partner is not available.

2.1 Personal details

Partner's full name	
Previous name (if applicable)	
Date of Birth (dd/mm/yyyy)	
Address line 1	

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Address line 2	
Parish	
Post Code	
Telephone	
Email address	

2.2 Previous history as a registered person

With reference to care establishments, agencies or services regulated by any Law or Act in Jersey or elsewhere:

Do you currently provide/carry on or manage any care establishment, agency or service? Yes No

Have you provided/carried on or managed any care establishment, agency or service in the past? Yes No

Have you ever been refused or had cancelled a registration of a care establishment, agency or service? Yes No

If you have answered Yes to any of the above questions please provide the following information

The name and address of any care establishment, agency or service

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Continue on separate sheets as necessary

Attached are [] extra sheets

The nature and date(s) of registration decision(s)

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Contact details for each Registration Authority involved

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Continue on separate sheets as necessary

Attached are [] extra sheets

If you currently have, or ever had, a business or financial interest in any other registered care establishment, agency or service please provide details

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2.3 Education and employment history

Please provide in the form or a CV, an education and employment history covering the period between leaving school and now. Make sure you list all your qualifications and include details of previous employment providing the year, month and reason for leaving for each change of occupation. Where there are any gaps in employment please give enough detail in your explanation of the circumstances to enable checks to be made if necessary. Please highlight any experience you consider to be relevant to carrying on a care establishment, agency or service, including any previous work involving caring for people whether paid for or not.

2.4 Applicants who are health or social care professionals

Name of professional body	
Professional registration number	

Are you currently the subject of any investigation or proceedings being taken by any professional body with regulatory functions in relation to health or social care professionals in Jersey or elsewhere? Yes No

If you have answered yes please provide details

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Continue on separate sheets as necessary

Attached are [] extra sheets

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Have you ever been disqualified from the practice of a profession or required to practice subject to specified limitations following a fitness to practice investigation by a regulatory body in Jersey or elsewhere? Yes No

If you have answered Yes please provide details

2.5 Criminal Record Disclosure

Have you ever been convicted of a criminal offence? Yes No

Have you ever been sentenced to a term of imprisonment (whether immediate or suspended) without the option of a fine Yes No

Are you aware of any prosecutions outstanding or pending court action against you? Yes No

Are you currently subject to any criminal investigation Yes No

If you have answered Yes to any of the above please provide details

Continue on separate sheets as necessary

Attached are [] extra sheets

2.6 Business and Financial Standing

Have you ever been declared bankrupt? Yes No

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Have you ever been involved in an organisation that went bankrupt Yes No

Have you ever been disqualified for holding office as a company director Yes No

If you have answered yes to any of the above please provide details

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2.7 References

Please supply the names and addresses of two individuals from whom we may take up references. Neither of these referees may be a relative. Please ensure that the named referees are suitable and qualified to provide comment on your professional skills and competence relevant to the proposed service.

	Referee 1	Referee 2
Title		
First name		
Surname		
Address Line 1		
Address Line 2		
Parish		
Postcode		
Telephone		
Email		
Occupation		
Capacity in which known		

Section 3

Details of other partners of the proposed provider organisation

Section 3 should be completed for each of the partners

3.1 Personal details

Partner's full name	
Previous name (if applicable)	
Date of Birth (dd/mm/yyyy)	
Address line 1	
Address line 2	
Parish	
Post Code	
Telephone	
Email address	

3.2 Previous history as a registered person

With reference to care establishments, agencies or services regulated by any Law or Act in Jersey or elsewhere:

Do you currently provide/carry on or manage any care establishment, agency or service? Yes No

Have you provided/carried on or managed any care establishment, agency or service in the past? Yes No

Have you ever been refused or had cancelled a registration of a care establishment, agency or service? Yes No

If you have answered Yes to any of the above questions please provide the following information

The name of any care establishment, agency or service

Continue on separate sheets as necessary

Attached are [] extra sheets

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The nature and date(s) of registration decision(s)

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Contact details for each Registration Authority involved

--

Continue on separate sheets as necessary

Attached are [] extra sheets

If you currently have, or ever had, a business or financial interest in any other registered care establishment, agency or service please provide details

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3.3 Education and employment history

Please provide in the form or a CV, an education and employment history covering the period between leaving school and now. Make sure you list all your qualifications and include details of previous employment providing the year, month and reason for leaving for each change of occupation. Where there are any gaps in employment please give enough detail in your explanation of the circumstances to enable checks to be made if necessary. Please highlight any experience you consider to be relevant to carrying on a care establishment, agency or service, including any previous work involving caring for people whether paid for or not.

3.4 Applicants who are health or social care professionals

Name of professional body	
Professional registration number	

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Are you currently the subject of any investigation or proceedings being taken by any professional body with regulatory functions in relation to health or social care professionals in Jersey or elsewhere? Yes No

If you have answered yes please provide details

Have you ever been disqualified from the practice of a profession or required to practice subject to specified limitations following a fitness to practice investigation by a regulatory body in Jersey or elsewhere? Yes No

If you have answered Yes please provide details

3.5 Criminal Record Disclosure

Have you ever been convicted of a criminal offence? Yes No

Have you ever been sentenced to a term of imprisonment (whether immediate or suspended) without the option of a fine Yes No

Are you aware of any prosecutions outstanding or pending court action against you? Yes No

Are you currently subject to any criminal investigation Yes No

If you have answered Yes to any of the above please provide details

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Address Line 1		
Address Line 2		
Parish		
Postcode		
Telephone		
Email		
Occupation		
Capacity in which known		

Section 4

4.1 Documents to be supplied with Part A of the application

For each partner in the organisation a:	Tick
• Valid photo identification	
• Enhanced DBS certificate issued within three months of the date the application is signed	
• Curriculum Vitae	

In respect of the organisation	Tick
• Plan of organisational structure	
• Financial reference from a bank expressing an opinion as to the organisation's financial standing (except where the applicant is a States Department or Parish)	
• Where the applicant is a corporate body, a copy of its last two annual reports	
• Where the organisation is a subsidiary of a holding company, the last two annual reports (if any) of that holding company and of any other subsidiary of that holding company	
• The annual accounts for the last two years	
• 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	
• A business plan in respect of the care establishment, agency and/or service (except where the applicant is a States Department or Parish)	
• Fee payment - we will invoice you for all the requisite fees when we have agreed with you the size of your service.	

Please refer to the fee schedule provided within the guidance document for details on the registration fee applicable to your service type

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5.1 Application Declaration

This declaration must be signed by each member of the partnership

We certify that the information detailed in all the relevant parts of this application is and the documents accompanying the application are to the best of our knowledge and belief true and complete. We 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.

We understand that it is a requirement under Regulation 20 of the Regulation of Care (Standards and Requirements) (Jersey) Regulations 2018 to notify the Care Commission of any changes in the information supplied. In particular if we change our postal or email address for the service of notices, documents and other communication we must update our Statement of Purpose, notify the Care Commission about the change and supply the Care Commission with a copy of the amended Statement.

We have knowledge and understanding of our legal responsibilities in relation to the management of the establishment/agency and intend to do so in accordance with legislative requirements, the Care Commissions Standards and other relevant standards set by professional bodies and standard setting organisations. We understand that failing to meet the relevant legislation will lead to the refusal of this application and after registration is granted may result in the cancellation of registration.

We understand that the Care Commission will use information provided in this application (including personal data and other relevant information the Care Commission obtains and receives) for the purposes of performing its regulatory function. In particular this information will be used to make regulatory judgements in relation to the registration of individuals and providers and in relation to monitoring compliance with regulations. Information (including personal data) may also be shared with other regulators and public bodies where necessary to assist in the exercise of public functions and/or for the protection and welfare of any individual. (Please refer to www.carecommission.je for information about how data is handled).

We understand that the Care Commission may use the information collected to prepare statistical analyses (from which individuals cannot be identified) to provide information to the States of Jersey, which will help them make decisions relating to policy changes.

By submitting this application we agree that the information provided in the relevant parts of this application will be used to form conditions of registration and to maintain a public register of registered persons.

Partner's Signature				
Partner's full name	<i>Title</i>	<i>First</i>	<i>Middle</i>	<i>Last</i>
Date of signing (dd/mm/yyyy)				

Partner's Signature				
Partner's full name	<i>Title</i>	<i>First</i>	<i>Middle</i>	<i>Last</i>
Date of signing (dd/mm/yyyy)				
Partner's Signature				
Partner's full name	<i>Title</i>	<i>First</i>	<i>Middle</i>	<i>Last</i>
Date of signing (dd/mm/yyyy)				
Partner's Signature				
Partner's full name	<i>Title</i>	<i>First</i>	<i>Middle</i>	<i>Last</i>
Date of signing (dd/mm/yyyy)				
Partner's Signature				
Partner's full name	<i>Title</i>	<i>First</i>	<i>Middle</i>	<i>Last</i>
Date of signing (dd/mm/yyyy)				
Partner's Signature				
Partner's full name	<i>Title</i>	<i>First</i>	<i>Middle</i>	<i>Last</i>
Date of signing (dd/mm/yyyy)				

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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

Continuation Sheet *(please identify the section within the application to which this sheet refers)*

Appendix 2 Continuation Sheet - Establishments or Agencies in respect of which the application is made

Name of service	Address	Type of service <i>(i.e. care home, home care, adult day centre)</i>