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**APPLICATION FOR VARIATION OR REMOVAL OF A CONDITION OF REGISTRATION**

Please refer to the Commission’s Guidance Notes on making an Application for Variation or Removal of a Condition of Registration.

Please use this form to make an application to the Commission to vary a mandatory condition or to vary or remove a discretionary condition.

Please note, this application will not be determined until all information sought has been provided.

This application will be determined in accordance with Article 11 of the Regulation of Care (Jersey) Law 2014 (the Law) and Regulation 3 of the Regulation of Care (Standards and Requirements) (Jersey) Regulations 2018.

**INFORMATION ABOUT THE SERVICE**

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| **Name of Service** | Click or tap here to enter text. |
| **Name of Registered Provider** | Click or tap here to enter text. |
| **Name of Registered Manager** | Click or tap here to enter text. |
| **Address line 1** | Click or tap here to enter text. |
| **Address line 2** | Click or tap here to enter text. |
| **Parish** | Click or tap here to enter text. |
| **Postcode** | Click or tap here to enter text. |
| **Telephone**  | Click or tap here to enter text. |
| **Email**  | Click or tap here to enter text. |

**APPLICATION TO VARY CONDITIONS**

Please state which Mandatory Condition(s) you wish to vary and provide comments in the box below this table:

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| --- | --- |
| **Maximum number of care receivers** | Click or tap here to enter text. |
| **Number in receipt of nursing care****Home care only - Number of nursing care hours** | Click or tap here to enter text. |
| **Number in receipt of personal care****Home care only: Number of personal care hours** | Click or tap here to enter text. |
| **Number in receipt of personal support****Home care only - Number of personal support hours** | Click or tap here to enter text. |
| **Age range of care receivers** | Click or tap here to enter text. |
| **Category of Care provided:** **Old Age****Dementia Care** **Physical Disability****Learning Disability** **Autism****Mental Health** **Substance misuse (drug and/or alcohol)****Homelessness****Domestic Violence****Children*****Other (please specify)*** | Click or tap here to enter text. |
| **Address of the regulated activity** |  |

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| **Comments** Click or tap here to enter text. |

Please note, if this application is about a Care Home or Adult Day Care Service, it should be submitted with the following documentation:

* An updated Statement of Purpose (unless otherwise agreed by the Commission).
* Plans of any proposed building works.
* Confirmation that relevant stakeholders (care receivers and their representatives, professionals) have been notified of the proposed variation to registration conditions and are in agreement with these.

**APPLICATION TO VARY OR REMOVE A DISCRETIONARY CONDITION(S) ON REGISTRATION**

Please state which Discretionary Condition(s) you wish to vary or remove and provide comments in the box below this table:

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| --- | --- |
| **Manager’s training / qualification requirements** | Click or tap here to enter text. |
| **A requirement that alterations are made to any premises on which the regulated activity is to be carried on**  | Click or tap here to enter text. |
| **Requirements as to the numbers, qualifications and training of the workers used to deliver the regulated activity.** | Click or tap here to enter text. |
| **Other** | Click or tap here to enter text. |
| **Other** | Click or tap here to enter text. |

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| **Comments** Click or tap here to enter text. |

Please note, this application should be submitted with the following documentation:

* Written evidence to support training / qualification requirements have been achieved
* Plans of any proposed or completed building works (not required for home care services)

Please submit your application to: enquiries@carecommission.je

On receipt of this application, a Regulation Officer will contact you. If you would like to discuss your application, please contact the Commission on 01534 45801 or at enquiries@carecommission.je