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**ABSENCE OF REGISTERED MANAGER – NOTIFICATION FORM**

This notification is being made in accordance with Regulation 27 of the Regulation of Care (Standards and Requirements) (Jersey) Regulations 2018.

Please use this form to notify the Commission of the planned or unexpected absence of the registered manager or if the they are leaving the regulated activity.

Please indicate which applies:

**A** If the registered manager plans to be absent for a continuous period of 28 days or more, the registered person must notify the Commission at least 30 days prior to any planned absence. [Choose an item.]

**B** If the absence is unexpected and is likely to be for a continuous period of 28 days or more, the registered person must notify the Commission within a week of the start of the absence. [Choose an item.]

**C** If the manager has left or is leaving the regulated activity, the registered person must notify the Commission within a week of the manager’s departure. [Choose an item.]

**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. |

**ABSENCE OF REGISTERED MANAGER**

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| **Start Date of Absence** | Click or tap here to enter text. |
| **End Date of Absence (if known)** | Click or tap here to enter text. |

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| **Reason for Absence** |
| Click or tap here to enter text. |

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| **Arrangements made for management of regulated activity during absence:** |
| Click or tap here to enter text. |

**DETAILS OF PROPOSED MANAGER (in the absence of the registered manager)**

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| **Name** | Click or tap here to enter text. |
| **Address Details** | Click or tap here to enter text. |
| **Postcode** | Click or tap here to enter text. |
| **Business Email** | Click or tap here to enter text. |
| **Telephone** | Click or tap here to enter text. |

**QUALIFICATIONS OF PROPOSED MANAGER**

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| Please outline how the person appointed is suitably qualified to manage the regulated activity during the absence of the registered manager. Please include relevant qualifications, work experience as well as registration with professional body, if applicable: |
| Click or tap here to enter text. |

**ARRANGEMENTS FOR APPOINTING A NEW REGISTERED MANAGER (to be completed only when a registered manager has left or is planning to leave the service)**

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| Please outline what arrangements have been made to appoint a new registered manager and indicate the date by which the appointment is expected to have been made |
| Click or tap here to enter text. |

I hereby confirm that I have assured myself that the arrangements made for the time of absence of a registered manager to ensure the safety and well-being of care receivers and that the information provided in this form is complete and accurate.

Registered Provider Name: Click or tap here to enter text.

Date: Click or tap to enter a date.

Please ensure that all required information has been provided. Should relevant sections not be completed, this form will be returned to you and you will be required to resubmit this information.

Please submit this form to: [enquiries@carecommission.je](mailto:enquiries@carecommission.je)

On receipt of this application, a Regulation Officer will contact you. If you would like to discuss this form, please contact the Commission on 01534 45801 or at [enquiries@carecommission.je](mailto:enquiries@carecommission.je)