

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

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.
(Not required for home care)	
Number of people in care home in receipt of nursing care	Click or tap here to enter text.
Home care only - Number of nursing care hours provided	
Number of people in care home in receipt of personal care	Click or tap here to enter text.
Home care only: Number of personal care hours provided	
Number of people in care home in receipt of personal support	Click or tap here to enter text.
Home care only - Number of personal support hours provided	
Age range of care receivers	Click or tap here to enter text.
Category of Care provided:	Click or tap here to enter text.
Children and Young People (0-18) Young Adults (19-25) Adult 60+ Dementia Care	
Physical Disability and/or sensory impairment Learning Disability	
Autism Mental Health	
Substance misuse (drug and/or alcohol)	
Homelessness	
Domestic Violence	
Other (please specify)	
Address of the regulated activity	Click or tap here to enter text.

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:

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.

С	omments 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 445801 or at enquiries@carecommission.je