

PART B – APPLICATION FOR REGISTRATION AS MANAGER 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.

Establishment or Agency in respect of which the application is made

Name of Service	
Name of Registered Provider	
Type of Service (care home, home care, adult day care)	
Address line 1	
Address line 2	
Parish	
Postcode	
Telephone	
Email	

Section 1

1.1 Applicant Details

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

1.2 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

--

Continue on separate sheets as necessary

Attached are [] extra sheets

CCM02

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

--

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

--

1.3 Education and employment history

Starting with your current employment please provide the employer's names and addresses, your dates of employment and reason for leaving for all positions held since compulsory education.

Occupation/job title and Grade	From (mm/yyyy)	To (mm/yyyy)	Employers name and address	Reason for leaving

CCM02

Continue on separate sheets as necessary

Attached are [] extra sheets

Please provide full details explaining any gaps in your employment history

1.4 Professional Vocational and Technical Qualifications

Qualification	Awarding Body	Date of Award (dd/mm/yyyy)

Continue on separate sheets as necessary

Attached are [] extra sheets

1.5 Other relevant experience or training

Please provide details of any other experience/skills or training which you believe are relevant to this application

1.6 Applicants who are health or social care professionals

Name of Professional body	Registration reference number/PIN (where applicable)	Date of Expiry

CCM02

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

1.7 Medical fitness

Do you have any physical or mental health conditions which are relevant to your ability to manage a care establishment, agency or service Yes No

If you have answered yes to the above please provide details

Please enclose with your application, the statement of medical fitness Form CCMR0 signed by your doctor

CCM02

1.8 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

1.9 Business and Financial Standing

Have you ever been declared bankrupt? Yes No

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

--

1.10 References

Please supply the names and addresses of two individuals from whom we may take up references. You must give the name of your current or most recent employer as the first reference. Neither of these referees may be a relative. Both of these referees must be able to provide comment on your professional skills and competence relevant to the proposed service and at least one must have employed you for at least three months in the last five years.

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

If you are unable to provide details of one referee who has employed you for at least three months within the last five years, please explain why

--

--

Section 2

2.1 Documents to be supplied with the application

	Tick
• Valid photo identification	
• Enhanced DBS certificate issued within three months of the date the application is signed	
• Copies of your professional, vocational or technical qualifications	
• Statement of medical fitness signed by your doctor (Form CCMR0)	
• Evidence of professional indemnity insurance (if applicable)	
• 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

Section 3

3.1 Application Declaration

This declaration must be signed by the applicant

I certify that the information detailed this application is, and the documents accompanying the application are 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 understand that it is a requirement under Regulation 20 of the Regulation of Care (Standards and Requirements) (Jersey) Regulations 2018 notify the Care Commission of any information that is relevant to my application/registration and to update this information accordingly.

I have knowledge and understanding of my 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. I 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.

I 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

CCM02

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. (Refer to www.carecommission.je for information about how data is handled).

By submitting this application I agree that the information contained in this form may be used to form conditions of registration.

Applicant Name (please print)	Signature	Date (dd/mm/yyyy)

3.2 Confirmation as appointment as manager

I confirm that I have appointed /intend to appoint the above named individual as manager of the name establishment/agency and wish for the individual to register with the Care Commission as outlined in the application form

(Intended) Effective date of appointment	
---	--

This must be signed by the registered provider, or in the case of an organisation one of the partners registered in respect of the provider

Name of Provider or Partner (please print)	Signature	Date (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

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

Occupation/job title and Grade	From (mm/yyyy)	To (mm/yyyy)	Employers name and address	Reason for leaving

CCM02

Appendix 3 Continuation sheet section 1.4 Professional Vocational and Technical Qualifications

Qualification	Awarding Body	Date of Award (dd/mm/yyyy)