

**PART A - APPLICATION FOR REGISTRATION  
AS AN INDIVIDUAL PROVIDING HOME CARE  
(i.e. not operating as or working for a Home Care Service)**



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 will delay your registration and may result in your application being refused.

Please refer to the guidance document “Individual Home Care Guidance” while completing this form and use continuation sheets if necessary.

**Section 1**

**1.1 Applicant Details**

<b>Your full name</b>	
<b>Previous name (if applicable)</b>	
<b>Date of Birth (dd/mm/yyyy)</b>	
<b>Address, including your Post Code</b>	
<b>Telephone</b>	
<b>Email</b>	

Please confirm if you are happy for your contact details to be included on our list of registered persons      Yes       No

**1.2 Previous history as a registered person**

Do you currently provide or manage any care service? Or do you currently have a business or financial interest in any registered care service?  (this includes already being an individual carer but only now applying for registration)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you provided or managed any care service in the past? Or did you ever have a business or financial interest in any registered care service.	Yes <input type="checkbox"/> No <input type="checkbox"/>

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Have you ever been refused or had cancelled a registration of a care service?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If you have answered Yes to any of the above questions, please provide the following information: <ul style="list-style-type: none"><li>• The name and address of the care service</li><li>• Details and dates of the registration</li><li>• Contact details for the authority the service was registered with</li></ul>	

### 1.3 Education and employment history

Have you provided a full CV with your application? Yes  No

If not, complete the table below:

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

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Continue on separate sheets as necessary

Please provide full details explaining any gaps in your employment history:

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**1.4 Professional Vocational and Technical Qualifications**

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

**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:

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**1.6 Applicants who are health or social care professionals (e.g. Social workers or nurses)**

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

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

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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 <input type="checkbox"/>	No <input type="checkbox"/>
If you have answered Yes to any of the above questions, please provide details:		

### 1.7 Medical fitness

Do you have any physical or mental health conditions which are relevant to your ability to carry on/provide a care service?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If you have answered yes to the above, please provide details		

**Please enclose with your application, a Statement of Medical Fitness Form CCMR03 signed by your doctor.**

### 1.8 Criminal Record Disclosure

Have you ever been convicted of a criminal offence?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever been sentenced to a term of imprisonment (whether immediate or suspended) without the option of a fine	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you aware of any prosecutions outstanding or pending court action against you?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you currently subject to any criminal investigation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If you have answered Yes to any of the above questions, please provide details:		

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**1.9 Business and Financial Standing**

Have you ever been declared bankrupt?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever been involved in an organisation that went bankrupt?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever been disqualified for holding office as a company director?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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 if you have one. Neither of these referees may be a relative. Both referees must be able to provide comment on your skills and competence relevant to providing care.

	Referee 1	Referee 2
Title		
First name		
Surname		
Address		
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:

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### Section 2

#### 2.1 Details of Care Provided

I will be providing the following type of care

Type of Care	Please tick
Nursing care (you have to be a registered nurse)	
Personal care	
Personal support	

#### 2.2 Number of care receivers

What is the number of people for whom you are or will be providing care?	
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#### 2.3 Age range of care receivers

What is the age range of the people you provide care to?	
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#### 2.4 Category of care

Please indicate the category/categories relevant to the people for whom you are or will be providing care:

Category	Please tick
Adult 60+	
Dementia Care	
Physical Disability and/or Sensory Impairment	
Learning Disability	
Autism	
Mental Health	
Substance Misuse (drugs and/or alcohol)	

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Homelessness	
Domestic Violence	
Children and Young People (0-18)	
Young Adults (19-25)	
Other ( <i>please specify</i> )	

**2.5 Details of people for whom you will be providing care**

Full name	
Address	
Telephone number	
Number of hours per week employed	
Details of the person who has arranged the care package	

Full name	
Address	
Telephone number	
Number of hours per week employed	
Details of the person who has arranged the care package	

Full name	
Address	
Telephone number	
Number of hours per week employed	

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Details of the person who has arranged the care package	
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If you are providing care for more than three people, please use continuation sheet.

### 2.5. Charges

Please provide details of the hourly rate you charge and any additional charges for items or services not covered by the hourly rate.

Hourly rate	
Charges for items or services not covered by the hourly rate	

## 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 confirm that I am self-employed and commissioned by, or directly employed by, an individual care receiver (or his or her representative) to provide care/support and I do not employ or otherwise pay any other person to assist in the delivery of care/support to the care receiver.

I confirm that I will discuss with the care receiver(s) or their representative what they need help with and how they would like their care to be provided. I will record this and review our agreement regularly, and whenever the person's needs change.

I confirm that I will keep a daily log of the care and support I provide, making sure I record any advice or guidance from health/social care professionals.

I confirm that I will inform the Commission of any planned or unplanned absence and the arrangements that have been put in place to ensure that the care receiver's needs continue to be met during the absence.

I understand that it is a requirement under Regulation 20 of the Regulation of Care (Standards and Requirements) (Regulations) 2018 to 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 provision of home care 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



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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 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](http://www.carecommission.je) for more 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	Today's Date (dd/mm/yyyy)

### Documents to be supplied with the application

	Tick
• Valid photo identification	
• Copy of CV or full details of employment history supplied on application	
• Disclosure and Barring Service (DBS) certificate	
• Originals of any professional or technical qualifications	
• Training certificates	
• Statement of medical fitness signed by your doctor	
• Valid public liability insurance	
• Statement of Purpose.	

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](mailto:notifications@carecommission.je)

**Please note, on receipt of your application we will invoice you for the registration fee of £52.53.**

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**Appendix 1 Continuation sheet (if needed)**

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