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**PART A – APPLICATION FOR REGISTRATION AS A PROVIDER ORGANISATION OR SOLE TRADER OF AN ESTABLISHMENT OR 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 may result in your application being refused.

*Please use continuation sheets if necessary.*

**Establishments or services in respect of which the application is made**

|  |  |  |
| --- | --- | --- |
| **Name of service** | **Address** | **Type of service** ***(i.e. care home, home care, adult day centre, fostering and adoption services)*** |
|  |  |  |
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|  |  |  |

Continue on separate sheets as necessary Attached are [ ] extra sheets

**INFORMATION ABOUT THE PROVIDER ORGANISATION**

**Section 1**

* 1. **Government of Jersey Departments or Establishments only**

|  |  |
| --- | --- |
| **Name of Department****(****Government of Jersey Departments only)** |  |
| **Address line 1** |  |
| **Address line 2** |  |
| **Town** |  |
| **Postcode** |  |
| **Telephone** |  |
| **Business Email** |  |
| **Fax** |  |

* 1. **Name of organisation, partnership or sole trader applicant (details in section below not required for any Government of Jersey Departments or Establishments)**

|  |
| --- |
|  |

* 1. **Details of organisation or partnership** **(details in section below not required for any Government of Jersey Departments)**

|  |  |
| --- | --- |
| **Trading Name** |  |
| **Registration Number of the Company**  |  |
| **Company Type** |  |
| **If a Registered Charity, the Jersey Charity Number** |  |
| **Address Line 1** |  |
| **Address Line 2** |  |
| **Parish** |  |
| **Postcode** |  |
| **Telephone** |  |
| **Business Email** |  |
| **Fax** |  |

* 1. **Names and position of all partners in the organisation or partnership** (where the regulated activity is carried on by a Minister i.e. any Health and Community Service then only a nominated person should be identified as the person carrying on the activity, “accounting officer for the Ministry” and their position recorded in the table below)

|  |  |
| --- | --- |
| **Name *(please print)*** | **Position within the organisation or partnership** |
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Continue on separate sheets as necessary Attached are [ ] extra sheets

* 1. **Subsidiary companies**

If the organisation is a subsidiary of a holding company, please provide details of the holding company and its registered or principal office

|  |  |
| --- | --- |
| **Name of Holding Company** |  |
| **Registration number of the Company** |  |
| **Address line 1** |  |
| **Address line 2** |  |
| **Parish** |  |
| **Postcode** |  |
| **Telephone** |  |
| **Business Email** |  |
| **Fax** |  |

**Section 2**

**Main contact partner or Accounting Officer**

*This section should be completed by the person who will be the main contact partner or Accounting Officer for the organisation*

**Accounting Officer;** *Under Article 3(7) of the Regulation of Care (Jersey) Law (2014) where a regulated activity is carried on by a Minister, unless there are Regulations to the contrary, for the purposes of the Law, the person carrying on the activity will be the person who is the in accordance with Article 37 of the Public Finances (Jersey) Law 2005, is the accounting officer for the Ministry.*

*The* ***main contact partner or Accounting officer*** *is the person to whom the Care Commission will address all formal notices and other documents sent to the department. These documents will be sent to the accounting officer or main contact partner at the email or postal address for the care establishment, agency or service shown in the Statement of Purpose. Arrangements should be in place to ensure a response to all correspondence from the Care Commission is undertaken without delay, including when the accounting officer or main contact partner is not available.*

* 1. **Personal details**

|  |  |
| --- | --- |
| **Partner’s (Accounting Officer) full name** |  |
| **Previous name****(if applicable)** |  |
| **Date of Birth (dd/mm/yyyy)** |  |
| **Address line 1** |  |
| **Address line 2** |  |
| **Parish** |  |
| **Post Code** |  |
| **Telephone** |  |
| **Business Email address** |  |

* 1. **Previous history as a registered person**

With reference to care establishments or services regulated by any Law or Act in Jersey or elsewhere:

|  |  |
| --- | --- |
| Do you currently provide/carry on or manage any care establishment or service? | Yes [ ]  No [ ]  |
| Have you provided/carried on or managed any care establishment or service in the past? | Yes [ ]  No [ ]  |
| Have you ever been refused or had cancelled a registration of a care establishment 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 or service

|  |
| --- |
|  |

Continue on separate sheets as necessary Attached are [ ] extra sheets

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 or service please provide details

|  |
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* 1. **Education and employment history**

Please provide in the form or a CV, an education and employment history covering the period between leaving school and now. Make sure you list all your qualifications and include details of previous employment providing the year, month and reason for leaving for each change of occupation. Where there are any gaps in employment please give enough detail in your explanation of the circumstances to enable checks to be made if necessary. Please highlight any experience you consider to be relevant to carrying on a care establishment or service, including any previous work involving caring for people whether paid for or not.

* 1. **Applicants who are health or social care professionals**

|  |  |
| --- | --- |
| **Name of professional body** |  |
| **Professional registration number** |  |

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

|  |
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|  |

Continue on separate sheets as necessary Attached are [ ] extra sheets

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

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* 1. **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

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Continue on separate sheets as necessary Attached are [ ] extra sheets

* 1. **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

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|  |

* 1. **References**

Please supply the names and addresses of two individuals from whom we may take up references. Neither of these referees may be a relative. Please ensure that the named referees are suitable and qualified to provide comment on your professional skills and competence relevant to the proposed service.

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

**Section 3**

**Details of other partners of the proposed provider organisation**

*Section 3 should be completed for each of the partners with the exception of Government of Jersey Departments where only the accounting officer for the Ministry as identified in section 2 is sufficient for purposes of registration*

* 1. **Personal details**

|  |  |
| --- | --- |
| **Partner’s 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. **Previous history as a registered person**

With reference to care establishments or services regulated by any Law or Act in Jersey or elsewhere:

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| --- | --- |
| Do you currently provide/carry on or manage any care establishment or service? | Yes [ ]  No [ ]  |
| Have you provided/carried on or managed any care establishment or service in the past? | Yes [ ]  No [ ]  |
| Have you ever been refused or had cancelled a registration of a care establishment or service?  | Yes [ ]  No [ ]  |

If you have answered Yes to any of the above questions please provide the following information

The name of any care establishment or service

|  |
| --- |
|  |

Continue on separate sheets as necessary Attached are [ ] extra sheets

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

|  |
| --- |
|  |

Contact details for each Registration Authority involved

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| --- |
|  |

Continue on separate sheets as necessary Attached are [ ] extra sheets

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|  |

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If you have answered Yes please provide details

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|  |

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 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

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Continue on separate sheets as necessary Attached are [ ] extra sheets

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If you have answered yes to any of the above please provide details

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* 1. **References**

Please supply the names and addresses of two individuals from whom we may take up references. Neither of these referees may be a relative. Please ensure that the named referees are suitable and qualified to provide comment on your professional skills and competence relevant to the proposed service.

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

**Section 4**

* 1. Documents to be supplied with Part A of the application

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| --- | --- |
| **For each partner in the organisation, *accounting officer or sole trader***  | Tick |
| * Valid photo identification
 |  |
| * Enhanced DBS certificate issued within three months of the date the application is signed
 |  |
| * Curriculum Vitae for all partners
 |  |
| **In respect of the organisation** | **Tick** |
| * Plan of organisational structure
 |  |
| * Financial reference from a bank expressing an opinion as to the organisation’s financial standing (except where the applicant is a Government Department or Parish)
 |  |
| * Where the applicant is a corporate body, a copy of its last two annual reports (except where the applicant is a Government Department or Parish)
 |  |
| * Where the organisation is a subsidiary of a holding company, the last two annual reports (if any) of that holding company and of any other subsidiary of that holding company (except where the applicant is a Government Department or Parish)
 |  |
| * The annual accounts for the last two years (except where the applicant is a Government Department or Parish)
 |  |
| * A certificate of insurance for the applicant in respect of liability that may be incurred in respect of death, injury, public liability, damage or other loss (except where the applicant is a Government Department or Parish)
 |  |
| * A business plan in respect of the care establishment and/or service (except where the applicant is a Government Department or Parish
 |  |
| * 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 table provided on our website at* [*https://carecommission.je/resources/*](https://carecommission.je/resources/) *for details on the registration fee applicable to your service type.*

* 1. **Application Declaration**

*This declaration must be signed by each member of the partnership except where the applicant is a Government Department where only the accounting officer for the Ministry signature is required*

I/We certify that the information detailed in all the relevant parts of this application is and the documents accompanying the application are to the best of our knowledge and belief true and complete. We 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/We understand that it is a requirement under Regulation 20 of the Regulation of Care (Standards and Requirements) (Jersey) Regulations 2018 to notify the Care Commission of any changes in the information supplied. In particular if we change our postal or email address for the service of notices, documents and other communication we must update our Statement of Purpose, notify the Care Commission about the change and supply the Care Commission with a copy of the amended Statement.

I/We have knowledge and understanding of our 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. We 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/We 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 information about how data is handled).

I/We understand that the Care Commission may use the information collected to prepare statistical analyses (from which individuals cannot be identified) to provide information to the States of Jersey, which will help them make decisions relating to policy changes.

By submitting this application I/we agree that the information provided in the relevant parts of this application will be used to form conditions of registration and to maintain a public register of registered persons.

|  |  |
| --- | --- |
| **Partner’s, Accounting Officer or Sole Trader Signature**  |  |
| **Partner’s Accounting Officer or Sole Trader full name** | ***Title*** | ***First*** | ***Middle*** | ***Last*** |
| **Date of signing** **(dd/mm/yyyy)** |  |
| **Partner’s Signature** |  |
| **Partner’s full name** | ***Title*** | ***First*** | ***Middle*** | ***Last*** |
| **Date of signing** **(dd/mm/yyyy)** |  |
| **Partner’s Signature** |  |
| **Partner’s full name** | ***Title*** | ***First*** | ***Middle*** | ***Last*** |
| **Date of signing** **(dd/mm/yyyy)** |  |
| **Partner’s Signature** |  |
| **Partner’s full name** | ***Title*** | ***First*** | ***Middle*** | ***Last*** |
| **Date of signing** **(dd/mm/yyyy)** |  |
| **Partner’s Signature** |  |

Please return the completed application and all required documentation marked **Confidential** to:

Applications Processing

Jersey Care Commission

1st Floor, Capital House

8 Church Street

St Helier

Jersey JE2 3NN

Email: notifications@carecommission.je **Appendix 1 Continuation sheet**

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

**Appendix 2 Continuation Sheet - Establishments or services in respect of which the application is made**

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| --- | --- | --- |
| **Name of service** | **Address** | **Type of service** ***(i.e. care home, home care, adult day centre, fostering and adoption services)*** |
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