CARE HOME REGISTRATION FORM

Please complete the form below, providing as much detail as possible.

|  |  |
| --- | --- |
| Name of Organization |  |
|  | |
| Name of Service |  |

|  |  |
| --- | --- |
| Section 1: Eligibility | |
| 1. Are you operational in Leeds? | **Yes  No** |
|  | |
| Please note that you must be operational in Leeds to feature on the Leeds Directory website. | |
|  | |
| 1. Do you agree to the Leeds Directory Terms & Conditions? | **Yes  No** |
|  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Section 2: Further details | | | | | | | |
| 1. Have you ever operated under a different name? | | | | | **Yes  No** | | |
| 1. If yes, what was the previous name(s) you operated under? | | | | | | | |
|  | | | | | | | |
|  | | | | | | | |
| 1. Please provide your CQC location number. | | | | | | | |
| **Registration Number** | | | | | | | |
|  | | | | | | | |
|  | | | | | | | |
| 1. Please Provide a description of your service | | | | | | | |
|  | | | | | | | |
|  | | | | | | | |
| 1. Please provide contact details for your service: | | | | | | | |
|  | | | | | | | |
| Address of service | |  | | | | | |
| Postcode of service | |  | | | | | |
| Phone number of service | |  | | | | | |
| Contact email for service | |  | | | | | |
| Website | |  | | | | | |
| Mobile phone | |  | | | | | |
| Facebook | |  | | | | | |
| Twitter | |  | | | | | |
| Instagram | |  | | | | | |
| Contact name | |  | | | | | |
| Please continue to complete Section 3 | | | | | | | |
| Section 4: Attributes | | | | | | | |
| To ensure that users can find your service quickly and easily, please select from the attributes below. Please only elect the attributes that are relevant to your service. | | | | | | | |
|  | | | | | | | |
| Care Home Category | Care home with nursing | |  | Services Offered | | Assisted Outings |  |
| Care home without nursing | |  | Bathing & Showering |  |
|  | | | | Budgeting |  |
| **Type of Care Home** | Faith Based | |  | Cather/Colostomy Care |  |
| Independent Sector | |  | Companionship |  |
| LCC | |  | Continence Care |  |
| NHS | |  | Decluttering |  |
|  | | | | Dog Walking |  |
| **Type of Stay** | Long Stay | |  | Domestic Help |  |
| Respite | |  | Dressing |  |
| Short stay | |  | Eating & Drinking |  |
|  | | | | End of Life Care |  |
| Professional Body | Care England | |  | Gardening |  |
| Leeds Care Association | |  | Hospital Discharge |  |
| National Care Forum | |  | Live in Help |  |
| National Care Home Association | |  | Meal Preparation |  |
| Medicine Assistance |  |
| Registered Nursing Home Association | |  | Money Management |  |
| Night Care |  |
|  | | | | Nursing Care |  |
| Oral care |  |
| Outings |  |
| Peg Feeding |  |
| Pension Connection |  |
| Personal Assistants |  |
| Pet Care |  |
| Shopping |  |
| Sitting Services |  |
| Socializing |  |
| Support to participate in community life |  |
| Support Workers |  |
| Toileting Assistance |  |
| Transport Drivers |  |

Continued overleaf…

|  |  |  |
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| Section 4: Attributes – Continued | | |
| Who do you support? | All Adults |  |
| Older People |  |
| People on the Autism spectrum |  |
| People who are frail |  |
| People with brain injury |  |
| People with dementia |  |
| People with learning disabilities |  |
| People with long term health conditions |  |
| People with mental health conditions |  |
| People with past or present addiction |  |
| People with physical disabilities |  |
| People with sensory impairment |  |
| People with physical disabilities | | |