SERVICE 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** |
|  | |
| 1. Do you provide trade, domestic or care services directly to clients in the home or garden, or one-to-one in the community? | **Yes  No** |
|  | |
| If “Yes” please continue to Section 2 – Green Tick  If “No” please continue to Section 3 – Further details | |

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| Section 2: Green Tick | | | |
| 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 indicate if you are regulated by or have an agreement with any of the following | | | |
| **Please Tick Where Applicable** | **Organization** | | **Registration Number** |
|  | TrustMark | |  |
|  | Gas Safe | |  |
|  | Electrical Registry;  please specify | |  |
|  |
|  | General Optical Council | |  |
|  | HCPC | |  |
|  | | | |
| In order to complete your Green Tick registration, we will require some evidence from you. The team will be in touch with you over the next 5-10 working days.  Please refer to our **Green Tick Criteria and Guidance Notes** for more information about the Green Tick Process.  Please continue to complete Section 3. | | | |

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| Section 3: Further Details | |
| 1. Please Provide a description of your service | |
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|  | |
| 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 |  |
|  | |
| 1. When is the service available? | |
|  | |

|  |  |
| --- | --- |
| 1. Cost (e.g. £15 per hour) | |
|  | |
|  | |
| 1. Do you use subcontractors? | **Yes  No** |
|  | |
| 1. Do you need volunteers? | **Yes  No** |
|  | |
| 1. Where did you hear about the Leeds Directory? | |
|  | |
| 1. What postcode areas of Leeds do you cover? i.e. LS1, LS12, LS24 | |
|  | |
| Please continue to complete Section 4 | |

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| 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. | | | | | | | |
|  | | | | | | | |
| **Top Level Category(s)** | | Housing Options | | | |  | |
| In Your Community | | | |  | |
| Information & Advice | | | |  | |
| Staying Independent | | | |  | |
| Maintaining Your Home & Garden | | | |  | |
| Keeping Active & Well | | | |  | |
|  | | | | | | | |
| Staying Independent | Acting on someone’s behalf | |  | **Maintaining Your Home & Garden** | Building & Decorating Service | |  |
| Adaptations | |  | Domestic Services | |  |
| Assistive Technology | |  | Gardening Services | |  |
| Careers / Looking after someone | |  | Home  Maintenance | |  |
| Domestic Services | |  | Home Security | |  |
| Extra Care Housing | |  | Removal Services | |  |
| Family Support | |  | Repairs & Installations | |  |
| Food Banks | |  | Staying Independent | |  |
| Getting out & about | |  |  | | |
| Hair & Beauty | |  |
| Home Help / Care | |  |
| Home Security | |  | **Keeping Active & Well** | Community Facilities | |  |
| Homeshare | |  | Disabilities | |  |
| Mobility | |  | Getting Out & About | |  |
| Money Management | |  | Health Issues | |  |
| Nutrition | |  | Health Services | |  |
| Rehabilitation | |  | Mobility | |  |
| Sheltered Housing | |  | Rehabilitation | |  |
| Support Workers | |  |  | | |
|  | | |
| **In Your Community** | Community Facilities | |  |
| Getting Out & About | |  |
|  | | |

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| Section 4: Attributes - Continued | | | | | | | | | |
| Information and Advice | | Acting on someone’s behalf |  | **Housing Options** | | | Adaptations | |  |
| Careers / Looking after someone |  | Advice | |  |
| Consumer Advice |  | Care Homes | |  |
| Disabilities |  | Council Housing | |  |
| Education Support |  | Extra Care Housing | |  |
| Emotional Support |  | Homelessness | |  |
| Health Issues |  | Homeshare | |  |
| Legal Advice |  | Housing Associations | |  |
| Money Matters |  | Privately Rented Property | |  |
| Staying Safe Online |  | Sheltered/Retirement Housing | |  |
| Supported Employment |  |
| People with physical disabilities | | | | | | | | | |
| Services Offered | | Assisted Outings |  | **Services Offered** | | | Outings | |  |
| Budgeting |  | Pension collection | |  |
| Companionship |  | Personal Assistants | |  |
| Decluttering |  | Pet Care | |  |
| Dog Walking |  | Shopping | |  |
| Domestic Help |  | Sitting Service | |  |
| Gardening |  | Socializing | |  |
| Hospital Discharge |  | Support to participate in community life | |  |
| Meal Preparation |  | Support Workers | |  |
| Money Management |  | Transport/Drivers | |  |
| People with physical disabilities | | | | | | | | | |
| Who do you support? | All Adults | | | |  | **What Type of service are you?** | | Agency |  |
| Older People | | | |  | Ltd Company |  |
| People on the Autism spectrum | | | |  | Partnership |  |
| People who are frail | | | |  | Social Enterprise |  |
| People with brain injury | | | |  | Sole Trade |  |
| People with dementia | | | |  | Other |  |
| 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 | | | |  |