COMMUNITY MICRO ENTERPRISE

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 a home care service? | **Yes  No** |
| 1. Does this service include a regulated activity? i.e. personal care, eating and drinking, toileting assistance etc. | **Yes  No** |
|  | |
| 1. Are you a sole trader? | **Yes  No** |
| 1. If “No” – do you employ 8 staff members or more? | **Yes  No** |
| Please note – to qualify as a Community Micro Enterprise provider you must employ fewer than 8 members of staff. If you have answered “Yes” to this question please contact the Leeds Directory Provider Monitoring Officer. | |
| 1. Are you registered with the CQC? | **Yes  No** |
| 1. If “yes” please provide your CQC location number. |  |

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| 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 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 |  | |
| 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 3 | |

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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. | | | | | |
|  | | | | | |
| Staying Independent | Acting on someone’s behalf |  | Services Offered | Assisted Outings |  |
| Adaptations |  | Bathing & Showering |  |
| Assistive Technology |  | Budgeting |  |
| Careers / Looking after someone |  | Cather/Colostomy Care |  |
| Domestic Services |  | Companionship |  |
| Extra Care Housing |  | Continence Care |  |
| Family Support |  | Decluttering |  |
| Food Banks |  | Dog Walking |  |
| Getting out & about |  | Domestic Help |  |
| Hair & Beauty |  | Dressing |  |
| Home Help / Care |  | Eating & Drinking |  |
| Home Security |  | End of Life Care |  |
| Homeshare |  | Gardening |  |
| Mobility |  | Hospital Discharge |  |
| Money Management |  | Live in Help |  |
| Nutrition |  | Meal Preparation |  |
| Rehabilitation |  | Medicine Assistance |  |
| Sheltered Housing |  | Money Management |  |
| Support Workers |  | 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 |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Section 4: Attributes – Continued | | | | | |
| Who do you support? | All Adults |  | **What Type of service are you?** | Ltd Company |  |
| Older People |  | Partnership |  |
| People on the Autism spectrum |  | Social Enterprise |  |
| People who are frail |  | Sole Trader |  |
| People with brain injury |  | Other |  |
| 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 | | | | | |