

Supporting you to live well

SERVICE REGISTRATION FORM

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

Name	of organisation					
Name of service						
SEC	CTION 1: ELIGIBILITY					
1.	Are you operational in Leeds?	O Yes	O No			
	Please note that you must be operational in Leeds to feature on the Leeds Directory website.					
2.	Do you agree to the Leeds Directory Terms & Conditions?	O Yes	O No			
3.	Do you provide trade, domestic or care services directly to clients in the home or garden or on a one-to-one basis in the community?	O Yes	O No			
	If 'YES' please continue to Section 2—Green Tick If 'NO' please continue to Section 3—Further details					

SECTION 2: GREEN TICK							
1.	Do you use contractors?			O Yes	O No		
2.	Have you ever operated under a different name?			O Yes	O No		
3.	If so, what was the previous name(s) you operated under?						
4.	Please indicate if you are regulated by or have an agreement with any of the following:						
	Please tick where	Organisation	Your registration	on number			
	Please tick where applicable	Organisation	Your registration	on number			
		Organisation CQC	Your registration	on number			
		-	Your registration	on number			
		CQC	Your registration	on number			
		CQC TrustMark	Your registration	on number			
		CQC TrustMark Electrical Safety Register	Your registration	on number			
		CQC TrustMark Electrical Safety Register GasSafe	Your registration	on number			

SECTION 3: FURTHER DETAILS					
1.	Please provide a description of yo	ur service:			
2.	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:				
3.	When is the service available?				
4.	Cost (e.g. £15 per hour):				
		O War O Na			
5.	Are there volunteering opportunit				
6.	Where did you hear about the Lee	ds Directory?			

SECTION 4: ATTRIBUTES To ensure that users can find your service quickly and easily, please select from the attributes 1. below. Please only select the attributes that are relevant to your service. Top Level Category(s) ☐ Housing options ☐ In your community ☐ Information & advice ☐ Keeping active & well ☐ Maintaining your home & garden ☐ Staying independent Information & Advice —Sub Housing Options —Sub categories In Your Community—Sub categories categories Adaptations ☐ Acting on someone's behalf ☐ Community facilities ☐ Advice ☐ Carers / Looking after someone ☐ Getting out and about □ Care homes ☐ Consumer advice Council housing Disabilities Extra care housing ☐ Education support ☐ Homelessness ☐ Emotional support ☐ Homeshare ☐ Housing associations ☐ Legal advice Privately rented property ☐ Sheltered housing / Retirement Staying safe online housing ☐ Supported employment Staying Independent —Sub Maintaining your home & Keeping active & well -Sub categories garden—Sub categories categories ☐ Acting on someone's behalf ☐ Building & decorating services Community facilities Adaptations ☐ Domestic services Disabilities ☐ Assistive Technology ☐ Gardening services ☐ Getting out and about ☐ Carers / Looking after someone ☐ Home maintenance Domestic services ☐ Home security ☐ Health services Extra care housing ☐ Removal services ☐ Mobility ☐ Family support ☐ Repairs & installations ☐ Rehabilitation ☐ Food banks ☐ Staying independent ☐ Social groups ☐ Getting out and about □ Sports & fitness ☐ Hair & beauty ☐ Support groups □ Volunteering opportunities ☐ Home security ☐ Homeshare ☐ Mobility ∩ Nutrition ☐ Rehabilitation Sheltered housing Support workers

SECTION 4: ATTRIBUTES—CONTINUED Who do you support? **Professional Body** □ Care England ☐ All adults ☐ Leeds Care Association ☐ Older people □ National Care Forum ☐ People on the Autism spectrum ■ National Care Home Association ☐ People who are frail ☐ Registered Nursing Home Association ☐ 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 What type of organisation are you? ☐ Agency ☐ Ltd Company Partnership

Social EnterpriseSole TraderOther