

West Midlands Care Association Application Form



Group/Invoice Details (if applicable)

Group Name:	
Group Address:	
Post Code:	
Group Phone No:	Group Fax No:
Email Address:	Website Address:
No of Care Companies in Group:	Contact:
If you have more than one Care Company joining, please fill in this section and use a separate sheet of paper or brochure for details of any additional Care Companies	

Care Company Details

(Please fill in as many boxes as appropriate)

Registered Care Provider:	
Owner (if different to above) :	
Full Address:	
Post Code:	
Care Company Phone No:	Care Company Fax No:
Email Address:	Website Address:
Contact:	Registered Manager: (if different)
Type of Company: Learning Disability, Mental Health, Nursing, Domiciliary, EMI, Physical Disability, Elderly Residential, Supported Living, Extra Care, Other	
Number of Beds (Care Homes only) :	

Reasons for joining

Please tick all the services you will be interested in:

- | | |
|---|---|
| <input type="checkbox"/> To use the CRB and POVA service | <input type="checkbox"/> To access Training |
| <input type="checkbox"/> To keep up to date on current legislation | <input type="checkbox"/> To access Exclusive Discounts for Members |
| <input type="checkbox"/> To use the Bed Vacancy service | <input type="checkbox"/> To receive regular Care Industry information |
| <input type="checkbox"/> To access the free Legal Helpline | <input type="checkbox"/> To meet other Care Owners/Manager |
| <input type="checkbox"/> To have help with recruiting New Employees | <input type="checkbox"/> To help to influence Local Authority rates |

Declaration

I wish to apply for membership of the following area/s

<input type="checkbox"/> Birmingham	<input type="checkbox"/> Dudley	<input type="checkbox"/> Herefordshire	<input type="checkbox"/> Sandwell
<input type="checkbox"/> Walsall	<input type="checkbox"/> Wolverhampton	<input type="checkbox"/> Worcestershire	<input type="checkbox"/> Other

I have completed this form to the best of my knowledge and confirm that the information supplied is accurate at the date of completion. West Midlands Care Association (WMCA) complies with the requirements of the 1998 Data protection act. WMCA will put this information onto a computer to assist with record keeping, statistical and research purposes and to facilitate ongoing communication.

Please tick box if you do not wish WMCA to share this data with other third parties

I wish to apply for membership of the Association.

Name: _____ Position: _____

Signature: _____ Date: _____

Payment

Cost for Membership of the Association is:

- **Domiciliary Company/Supported living/Day Care/Agency** etc £200 per year for one address and £250 for two or more.
- **Care Homes** are £15 per bed, per year.
- **Group homes** are £15 per bed (*averaged across group*) for first home and £100 per additional home in group up to a maximum of £1000
- Minimum yearly fee is £50

**IF YOU CANT MAKE HEADS OR TAILS OF THIS PRICING STRUCTURE
PLEASE RING US AND WE WILL CALCULATE YOUR PAYMENT FOR YOU**

Subscription Fee	Total	£
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Please make cheques payable to West Midlands Care Association and send it with this application form to the address below:

West Midlands Care Association

Globe House, Park Lane, Halesowen B63 2RA Tel: 0845 456 6785 Fax: 01384 637081

enquiries@wmcha.co.uk www.wmcha.co.uk

