

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:
<i>If you have more than one Care Company joining, please fill in this section and use a separate sheet of paper, additional group sheet or send your brochure with details of group Care Companies</i>	

Care Company Details

(Please fill in as many boxes as appropriate)

Registered Care Provider:	
Owner <small>(if different to above)</small> :	
Full Address:	
Post Code:	
Care Company Phone No:	Care Company Fax No:
Email Address:	Website Address:
Contact:	Registered Manager: <small>(if different)</small>
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 have a web page and put jobs on the web site |
| <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 and Fire Helpline | <input type="checkbox"/> To meet other Care Owners/Manager |
| <input type="checkbox"/> To access Exclusive Discounts for Members | <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"/> Coventry

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 £150 per year for up to 70 full time equivalent employee and £200 for 71 or more
- **Care Homes** are £10 per bed, per year.
- **Group homes** are £10 per bed (*averaged across group*) for first home and £50 per additional home in groups up to a maximum of £700
- 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	£
Paying by DD	12 Monthly payments of	£

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

Contact: Sue Lennon Telephone 0845 4566785 or email sjl@wmcha.co.uk

West Midlands Care Association

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