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| **Surrey Care Association Membership Application** |  |

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| Name of Organisation/Company |  | | |
| Key Contact Name |  | Position |  |
| Telephone Number |  | Fax Number |  |
| Email Address |  | | |
| Address |  | | |
| Postcode |  | | |
| Telephone Number |  | Fax Number |  |
| Name of Proprietor(s) / CEO(s) |  | | |
| Email Address |  | | |
| Address (if different to above) |  | | |
| Postcode |  | | |
| Telephone Number |  | Fax Number |  |
| Name of nominated representative who may vote on behalf of your organisation at AGMs and participate in the governance of SCA. (Please note that in the unlikely event that SCA is wound up in the future, member organisations may be liable to pay £1). | |  | |



Please ensure you complete the details above clearly. Please note it is anticipated that correspondence, updates and latest news from the Surrey Care Association Ltd will be sent via email wherever possible.

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| **Membership Prices:** | | |
| **Type of Service** | **Member Costs** | **Services Offered** |
| **Domiciliary Care/Live in Care** | £440 per year for one CQC Location + £100 extra charge for each additional location |  |
| **Care Home** | £21 per year per registered bed.  100+ beds by arrangement. |  |
| **Housing Support Provider/Supported Living** | £260 per year |  |
| **Hospices** | £150 per year |  |
| **Day Services** | £100 per year |  |
| **Affiliate** | £150 per year |  |
| **New Members** | One off Joining Fee for new Member £90 |  |

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| **Location and Contact Details**  Please provide up to date contacts for this Location. **Please ensure that if you have more than one location that you fill in the table below for each individual location.**  All correspondence, updates, and latest news from the Surrey Care Association Ltd will be sent via email wherever possible. **These mailings form part of your membership benefits, however if at any time you no longer wish to receive them, please contact us at membership@surreycare.org.uk** | | | | |
| Service Name:  Service Address and Postcode: | | | | |
| Client Group\*: | Type of Service\*: | | Number of Beds (If Applicable): | |
| **Name and Contact Number**  (If you wish to be added to our WhatsApp groups, please provide a mobile number as well as a name) | **WhatsApp Group**  (Please select below the WhatsApp Support groups you wish to be added to) | **Job Title**  (Please feel free to change the job titles to best suit your business) | | **Email** |
|  | **OP  LD  DC  RMF** | Owner/CEO | |  |
|  | **OP  LD  DC  RMF** | Senior Manager/Regional Area Manager | |  |
|  | **OP  LD  DC  RMF** | Manager/Operational Manager | |  |
|  | **OP  LD  DC  RMF** | Training + Development Manager / Lead | |  |
|  | **OP  LD  DC  RMF** | HR Manager | |  |
|  | **OP  LD  DC  RMF** | Activities Coordinator | |  |
|  | **OP  LD  DC  RMF** | Marketing Lead | |  |
|  | **OP  LD  DC  RMF** | Admin Contact | |  |

**\*KEY: Client Group**: Older People – **OP** Learning Disability – **LD** Domiciliary Care – **DC**

**Type of Service:** Care with Nursing – **CN** Care Home – **CH** Mental Health – **MH**  Physical Disability – **PD** Supported Living – **SL** Housing Support – **HS** Day Service – **DS** Sensory Impairments – **SI** Dementia **– D** Other–**O** (Please specify)

**WhatsApp Groups:** Older People Care Home – **OP** Learning Disability Care Provider – **LD** Domiciliary Care Provider – **DC** Registered Managers Forum – **RMF**

**Please note that the above contacts will all be added to our systems. This will allow staff to use our web portal and more effectively make use of the membership benefits. Please be aware companies who have more than one person to an email will not be able to use the web portal.**

**Terms and Conditions of Membership**

* Providers offering more than one service will pay just one fee, whichever is the highest, to cover all services.
* All memberships are for a minimum term of one year (renewable)
* Minimum charge for membership is £100.
* Member benefits are only available to members with a membership.
* If members wish to end their membership before renewal, they must notify the SCA Membership Officer within 30 days prior to renewal date. **Memberships are automatically renewed if we receive no correspondence.**
* If there is change in Management during the time of the Current Membership, SCA requests that the new management is made aware of this contract and the services that are being provided.

**I have read and understood the Terms and Conditions**

**By signing below, I agree to join Surrey Care Association as a Member**

**I have nominated a Governance Representative to act as a Member of Surrey Care Association Ltd**

**Please invoice my organisation for an Annual Membership Monthly membership (please tick)**

**Signed:**  **Date:**

By completing and returning this form, I acknowledge that the information contained in this form will be held and maintained by Surrey Care Association Ltd in accordance with our Privacy Policy, a copy of which can be found on our website: <http://www.surreycare.org.uk>, and the Data Protection Act 2018.

***Please return form to: membership@surreycare.org.uk***