

YOUR INFORMATION

Name and title:

Position:

Business address:

Postcode:

Business telephone:

Business email:

INFORMATION ABOUT YOUR ORGANISATION

Name of Care Service:

Group name: *(if applicable)*

Other homes in ownership: *(if applicable)*

Category of provider:

- Care Home with Nursing Domiciliary Care / Supported Living
 Care Home / Residential Other

Number of registered beds:

Client Age Group:

- Elderly 18—statutory retirement

Category of clients:

- Dementia Learning disability Mental Health.
 Physical Disability Alcohol dependence Drug Dependence

CONTACT PERMISSIONS

Under the new GDPR law you will need to 'opt in' to receive NCA communications and member benefits.

Please be aware these communications are only available to members and form part of your member benefits.

Opt-in to receive:

- Guidance and advice on key issues from NCA experts
- Toolkits and templates
- Latest industry changes and news in your inbox in real time.
- Members only information communicated via email or through your login on the NCA website
- Monthly round-up newsletter
- Benefits from discounted deals from our sponsors and suppliers

- I am happy for NCA to email information regarding industry updates, policy, guidance and compliance, news, events and marketing.
 I am happy to receive communications by phone.
 I am happy for my details to be shared with NCA sponsors/suppliers offering benefits and discounts only available to NCA members.
(current sponsor and supplier lists are available at www.nationalcareassociation.org.uk/supplierdirectory)
 No thank you, I do not wish to receive communication.

You have the right to withdraw your consent to communications at any time by contacting info@nationalcareassociation.org.uk

How did you hear about National Care Association?

MEMBERSHIP TYPE

	£ fee per year	Please Tick
Covering a single home of under 10 beds	£278.00	<input type="checkbox"/>
Covering a single home of 10 - 44 beds	£352.00	<input type="checkbox"/>
Covering a single home of 45+ beds	£500.00	<input type="checkbox"/>
Domicillary / Supported living	£273.00	<input type="checkbox"/>
To register an additional business	£126.00	<input type="checkbox"/>

By applying for membership I confirm that I am registered with the CQC and agree to a representative of National Care Association visiting my business if required, by appointment, so that an audit can be made to ensure we are abiding by the codes of practice.

I am aware that the rates shown above are for one year only unless otherwise stated. New memberships begin on the first of the month once payment is received, renewals will be extended from the last paid month.

PAYMENT

Offer code (where applicable)

Cheque
I enclose a cheque payable to National Care Association for £.....
full payment covering my subscription for a 12 month period.

Credit card

Please debit my:

Mastercard Visa

Card number:

Expiry date:

/

CVC:

Signature: Print name: Date:

Cardholders address: (if different from overleaf)

BACS or Internet banking payment

Account name: National Care Homes Association

Sort code: 82-04-03 Account number: 50403165

Reference: Please insert name of care home or group to allow correct allocation of payment

Remittance to be sent via email to info@nationalcareassociation.org.uk

If you wish to pay by annual or 6 monthly standing order please contact the office.

Contact

National Care Association, Suite 4, Beaufort House, Beaufort Court, Sir Thomas Longley Road, Rochester, Kent, ME2 4FB

T: 01634 716615 F: 01634 727794 E: info@nationalcareassociation.org.uk W: www.nationalcareassociation.org.uk