

The natural choice for all social care SME providers

YOUR INFORMATION			
Name and title:			
Position:			
Business address:			
Postcode:			
Business telephone:			
Business email:			
11	NFORMATION 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 Is-statutory retirement		
Category of clients:	Dementia Learning disability Mental Health.		
	Physical Disability		
	CONTACT PERMISSIONS		
Under the new GDPR law you will need to	o 'opt in' to receive NCA communications and member benefits.		
Please be aware these communications of	are only available to members and form part of your member benefits.		
Opt-in to receive: • Guidance and advice on key issues	I am happy for NCA to email information regarding industry updates, policy, guidance and compliance, news, events and marketing.		
from NCA expertsToolkits and templates	I am happy to receive communications by phone.		
 Latest industry changes and news in your inbox in real time. Mombers only information 	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)		
 Members only information communicated via email or through your login on the NCA website 	 No thank you, I do not wish to receive communication. 		
 Monthly round-up newsletter Benefits from discounted deals from our sponsors and suppliers 	You have the right to withdraw your consent to communications at any time by contacting info@nationalcareassociation.org.uk		

As a member of National Care Association we will contact you through the details you have provided regarding your membership and renewal. Contact details provided to National Care Association for the DBS service will only be used in relation to DBS enquiries, service updates and compliance and not for marketing purposes.

MEM	BERSHIP TYPE	
	£ fee per year	Please Tick
Covering a single home of under 10 beds	£278.00	
Covering a single home of 10 - 44 beds	£352.00	
Covering a single home of 45+ beds	£500.00	
Domicillary / Supported living	£273.00	
To register an additional business	£126.00	

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

Email address for card payment link to be sent to::

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 E: info@nationalcareassociation.org.uk W: www.nationalcareassociation.org.uk