



A.R.M.C.

Application to join.

Name of proposed in full:

Name of designated representative if different from above or if proposer is a Limited Company:

Contact Address:

Tel.No.:

Fax:

e-mail:

Website:

Number of Homes for which this application is made:

[Please note: since it is the parent organisation which is the member, you must include all homes in Norfolk for people with a Learning Disability or Specific Mental Illness and pay the appropriate fee. Please make cheques payable to Norfolk & Suffolk Care Support Ltd.]

Please delete as appropriate;

This Organisation is: Private/ Voluntary/ Trust/ Sole Trader/ Partnership/ Limited Company/ PLC.

Please note: The Management Council of ARMC reserves the right to refuse any application and will not be bound to give reasons for refusal. Any applicant refused may appeal to the Association Membership at the next General Meeting, the matter decided by a simple majority.

IDECLARE the above and attached home information is correct. I have read the Constitution and Code of Practice and agree to abide by the content. I understand that ARMC may at any time, by simple majority vote at General Meeting remove my organisation from membership for whatever reason this majority may decide suitable. I further understand and accept that management council and officers shall have the right to discuss without hindrance any matter which relates however broadly to the concept of “good care practice” which may or may not concern my organisation and that they have the right to bring matters of concern before the membership as a whole.

Signed:

Dated:

Please send completed form to: Margaret Drury, N&SCS, 69 Station Road, Sheringham, Norfolk, NR26 8RG.



HOME INFORMATION

[Please photocopy if necessary and provide one sheet per home applied for]

Name of Home:

Full Postal Address:

Tel.No.:

Fax:

E-mail:

Website:

Name(s) of registered persons:

Qualifications:

Registration Cert No.:

Client Group:

No. Registered Beds:

Accepted Age:

Current Age:

Vacancies:

No. Single en suite:

Single:

Double:

List which County's Approved Tenderers:

No. staff:

Has this home under current registration any prosecutions or pending prosecutions: Yes/No. If so please detail on reverse.

Please list on reverse any special services or facilities this home offers.

Please enclose a copy of your brochure, aims and objectives and last 2 Inspection Reports.

Signed:

Dated: