



UKHCA Full Membership Renewal

Name of Organisation.....

Your current UKHCA Membership number: MV.....

Title.....First Name.....Surname.....
(Mr, Mrs, Miss, Ms, Dr, other)

Operating Address (if your business operates from more than one location, give the head office address here)

.....

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.....Post Code.....

Telephone.....Fax.....

Email.....

Website.....

Number of service providing branches

If this number is more than one, please submit the above information for all the branches on a separate sheet

About your business

1. Please tick all the types of service your organisation can supply

Live In Care	<input type="checkbox"/>	Personal Care	<input type="checkbox"/>	Support/ Domestic Care	<input type="checkbox"/>
Nursing Care	<input type="checkbox"/>	Rapid Response	<input type="checkbox"/>	Intermediate Care	<input type="checkbox"/>
Hospital at Home	<input type="checkbox"/>	Rehabilitation Services	<input type="checkbox"/>		
Specialist Ethnic Minority Services	<input type="checkbox"/>			Live Out/ short duration visits only	<input type="checkbox"/>

2. Please tick all the client groups to whom you offer a care service

Older People	<input type="checkbox"/>	Children	<input type="checkbox"/>	Learning Disability	<input type="checkbox"/>
Mental Impairment	<input type="checkbox"/>	Physically Disabled	<input type="checkbox"/>	Multiple Disability	<input type="checkbox"/>

Declaration & Consent

Full Membership of United Kingdom Homecare Association Ltd is conditional on the organisation declaring that it adheres to the UKHCA Code of Practice. By signing the declaration below you agree to UKHCA making the name, address, telephone number, email and/or website address of your organisation available to:

- ♦ Individuals seeking care services
- ♦ The UKHCA website
- ♦ Local Authorities
- ♦ Health Authorities
- ♦ Independent and voluntary organisations
- ♦ Other such organisations/individuals, as the UKHCA board shall decide

Having read and understood the obligations imposed by the UKHCA Code of Practice, I confirm that the details given in this renewal form are correct and that all branches will adhere to the UKHCA Code of Practice.

Signed.....Date.....



Working for *QUALITY* in *HOME CARE*



Annual Direct Debit Form

Please do **not** use this form for monthly direct debit applications



Instruction to your Bank or Building Society to pay by Direct Debit

Please fill in the form in ball point pen and send it to:

UKHCA
Group House
52 Sutton Court Road
Sutton
SM1 4SL

Service User Number

6	9	1	6	9	7
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Reference (Official Use Only)

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FOR UNITED KINGDOM HOMECARE ASSOCIATION OFFICIAL USE ONLY
This is not part of the instruction to your Bank of Building Society.

Name(s) of Account Holder(s)

Bank/Building Society account number

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Branch Sort Code

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Name and full postal address of your Bank or Building Society

To: The Manager	Bank/Building Society
Address	
Postcode	

Instruction to your Bank or Building Society

Please pay United Kingdom Homecare Association Direct Debits from the account detailed in this instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this instruction may remain with United Kingdom Homecare Association and, if so, details will be passed electronically to my Bank/Building Society.

Signature(s)

Date

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Banks and Building Societies may not accept Direct Debit instructions from some types of account

This guarantee should be detached and retained by the Payer.

The Direct Debit Guarantee



- This Guarantee is offered by all Banks and Building Societies that take part in the Direct Debit Scheme. The efficiency and security of the Scheme is monitored and protected by your own Bank of Building Society.
- If the amounts to be paid or the payment dates change United Kingdom Homecare Association will notify you 14 working days in advance of you account being debited or as otherwise agreed.
- If an error is made by United Kingdom Homecare Association or your Bank or Building Society, you are guaranteed a full and immediate refund from your branch of the amount paid.
- You can cancel a Direct Debit at any time by writing to your Bank or Building Society. Please also send a copy of your letter to us.