**RCPA ANNUAL MEMBERSHIP APPLICATION FORM 2020**

**1. Contact details**

Name of organisation;

Name of CEO/Director/owner/proprietor (please specify):

Title: First name: Surname:

Email address;

Address:

Telephone;

Name of Registered Manager(s):

In addition to above, please provide names and email addresses of those people in your organisation who would like to receive information about the following;

|  |  |  |
| --- | --- | --- |
| Purpose | Name | Email address |
| Invoicing for membership/events etc |  |  |
| Information about events, news, bulletins, services, forums, consultations etc |  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**2. About your services.**

a. Please tell us about types of services you provide in Somerset;

|  |  |  |  |
| --- | --- | --- | --- |
| Type of service | Please tick | Please indicate number of services | Name(s) of establishment or service |
| Home Care/Dom Care |  |  |  |
| Nursing Home |  |  |  |
| Residential Care Home |  |  |  |
| Supported Housing |  |  |  |
| Other; please specify |  |  |  |

c. Which client groups do you work with? (please indicate as appropriate):

[ ]  Older people

[ ]  People with dementia

[ ]  Learning Disabilities

[ ]  Mental health

[ ] Physical Disabilities

[ ] Drug and Alcohol dependency

[ ]  Other, specify;

**3. Annual membership fees for 2020 are as follows:**

**You can pay for your annual membership in a lump sum due now, or via monthly direct debit.**

|  |  |  |
| --- | --- | --- |
| **Service type** | **Monthly direct debit** | **One-off amount** |
| Home/Dom Care Agency/Supported Living/Day services | £17.15 | £206 |
| Residential/Nursing home provider | £32.75 (1st home) PLUS£16.35 for each additional home, (capped at 15 homes) | £393 (1st home) PLUS£196.50 for each additional home, (capped at 15 homes) |
| Associate member (organisations interested in our activities, information and events) | £5.20 | £62.50 |

**4. Payment**

Please calculate the total amount payable and enter this into your preferred method of payment box below:

|  |  |  |
| --- | --- | --- |
| **Service type** | **Monthly DD** | **One-off amount** |
| Home/Dom Care Agency/Sptd Living/Day services |  |  |
| Residential/Nursing home provider |  |  |
| Associate member |  |  |

Once we have received your completed form, we will send you payment details as appropriate.

**5. Your personal data:**

For you to benefit fully from your membership, we want to be able to communicate with you regarding;

* information about ours and other organisations’ events
* RCPA bulletins
* consultations and collaborative exercises
* relevant health and social care information from other sources
* information and offers relating to our current sponsor organisations.

We therefore need your consent to be able to use the contact details you have given us. Giving consent means that we will store contact email and postal addresses and phone numbers for your organisation all the while you are a member of the RCPA.

[ ]  In joining the RCPA we consent as an organisation, for our contact details provided on this form to be stored for the purposes detailed below (please tick box)

**We will not provide your name or contact details to any third-party organisation or individual, including our sponsors.**

You can withdraw your consent for us to store your contact details at any time. However, bear in mind that you will not then receive the full benefits of our membership as we will be unable to communicate with you fully. If you wish to withdraw your consent, please contact us at admin@rcpa.org.uk