



## Micro Provider Network Application Form

Your Name	
Date of Birth	
Contact Details (Home Phone, Mobile Phone and Email)	
Address	
Previous Work	
Services Offered	
Training / Qualifications (Relevant to services offered)	
Skills / Experience (Relevant to services offered)	
Current DBS Check?	<input type="radio"/> Yes <input type="radio"/> Expired DBS <input type="radio"/> No past DBS

	Reference:  Date:
Age Range of Customers	
Geographical Area Covered	
References	1:  2:

Declaration	Yes / No
<b>I understand and support the 6 core principles of the Wivey Micro-Provider network</b>	
<b>My enterprise or group is totally independent of a larger parent organisation</b>	
The services and supports offered by me / us:	
<b>Are designed to meet people's needs and requirements</b>	
<b>Value the person or people I support</b>	
<b>Are flexible and responsive to change</b>	
<b>Promote people's independence and choice</b>	
<b>Promote diversity and equality of opportunity</b>	
I am committed to:	
<b>Ensuring that my business and its activity is compliant with all legislative and regulatory practices</b>	
<b>Continuously developing my own knowledge and skills and those of my workers (if applicable)</b>	
<b>Continually improving the quality of the services and supports my enterprise offers</b>	
<b>Charging a fair price for my services</b>	
<b>Offering people who use my services a clear cost breakdown</b>	
<b>Ensuring that my service is safe and follows safeguarding principles</b>	
My enterprise is well run and sustainable. I confirm that I:	
<b>Have a Disclosure and Barring Check (DB5) for myself and any workers that is no more than 3 years old</b>	

<p><b>Have current public liability insurance that covers all relevant aspects of the service my enterprise offers.</b>  <b>Policy no:</b></p>	
<p><b>Have current guidelines on risk management, safety and safeguarding that covers all relevant aspects of the service my enterprise offers</b></p>	
<p><b>Have a current complaints procedure</b></p>	
<p><b>Have clear, up to date procedures for assessing and meeting the needs of the people who use my service</b></p>	
<p><b>Have written contracts with all the people who use my services and / or their representatives</b></p>	
<p><b>Fully understand the boundaries of care regulation (CQC) and always operate my service within these boundaries</b></p>	

**Please read carefully:**

I understand that if I am found to have contravened the code of conduct or core principles my membership of the network can be terminated.

- Yes
- No

**Data protection:**

**Wivey Cares undertakes the gathering, processing and disclosing of your information in full compliance with the Data Protection Act and the General Data Protection Regulation (GDPR), as set out in our Data Protection Policy**

I agree for Wivey Cares to store my details electronically and manually disclose contact details to enquirers as discussed.

- Yes
- No

I permit Wivey Cares to contact me with news of events and developments, for example a newsletter

- Yes
- No

I am happy for my contact details to be passed onto other network members (this is not a requirement of membership)

- Yes
- No

Wivey Cares is a Charitable Incorporated Organisation – Registered Charity Number 1183575

Updated July 2024

Signed.....

Date.....