



Support with
Confidence
EAST SUSSEX COUNTY COUNCIL



CQC & Business Application Form & Data Protection Statement

Please return this completed form to:

Support With Confidence Team
A Floor, North Block, County Hall
St Anne's Crescent, Lewes
East Sussex, BN7 1UE

Email supportwithconfidence@eastsussex.gov.uk Phone Enquiries: 01323 463440

Thank you for contacting us about becoming a member of our Support with Confidence scheme. This form is also available to download from the following link:

<https://new.eastsussex.gov.uk/socialcare/providers/promoting/join-swc/apply-to-join/>

Membership Fee

A membership fee is required for all applications to the scheme. This is payable at the start of the application process and covers the costs of joining the scheme, including the administration of your application and completion of all background checks prior to approval.

Cheques should be made payable to "East Sussex County Council". For payments made by debit/credit card please contact the SWC team on the above phone number.

For further information on the current membership fees, please see the Charging Information document, within the application pack sent to you

Completing the form

All fields on this form are mandatory. Any missing or incomplete information may delay the processing of your application. If you require more space to provide any details please refer to the *Additional Details Section* at the end of this document.

If submitting by post, please print and sign the form and post it with the application fee.

Each application is taken on a case by case basis. We aim to get applications through each stage as efficiently as possible. The approval process will therefore be dependent on certain factors such as completion of background checks, training availability, and how quickly outstanding actions are completed.

For further information on the accreditation process, please refer to the Support with Confidence Accreditation Process Summary document which was sent to you in your application pack

IF COMPLETING BY HAND, PLEASE PRINT ALL DETAILS

Contact Details	
<i>The information provided here is for the application process only. You will have an opportunity to refresh the contact information for your public listing upon acceptance onto the scheme.</i>	
Note: This person will be the main point of contact for the application	
Your Title:	
Your Name:	
Your Job Title:	
Your Direct Dial:	
Your Mobile:	
Your Email:	
Your Date of Birth:	
Business Trading Name:	
Business Address: <i>(If your address is outside East Sussex or under Brighton & Hove CC's jurisdiction, please contact us to discuss application)</i>	
	Postcode: Date From (MM/YYYY): Coverage:
Main Telephone:	
Fax:	
General Email:	
Website(s):	
Why do you wish to join the East Sussex Support With Confidence scheme?	
How did you hear of the scheme?	

Business Profile				
Company formation:	Sole Trader	<input type="checkbox"/>	Community Interest Co.	<input type="checkbox"/>
	Private Limited Company	<input type="checkbox"/>	Voluntary Org	<input type="checkbox"/>
	Limited Liability Partnership	<input type="checkbox"/>	Registered Charity	<input type="checkbox"/>
	Partnership	<input type="checkbox"/>		
Legal Personality:	<p>Business name: <i>Where appropriate</i></p> <p>Registered address: <i>If different from previous</i></p> <p><i>Enter as appropriate:</i></p> <p>Company no: Date of reg: DD/MM/YY</p> <p>CQC reg no: Date of reg: DD/MM/YY</p> <p>Reg Charity no: Date of reg: DD/MM/YY</p> <p>If you are a charity please provide your yearly turnover: £</p>			
Nature of business: (i.e. what you do / service provision)				
How long has your company / organisation been trading? <u>NB. You may apply anytime once you have been trading for a minimum of 6 months</u>				
Is your company part of a larger group? If so, please supply details				
Any previous company trading names?				

<p>Any additional business premises? <i>If so, please give the address including any out of County</i></p>	
<p><i>(If required please continue using the Additional Details section at the end of this document)</i></p>	
<p>If you are located outside of ESCC's jurisdiction, please advise if you are, or have ever been, contracted or commissioned by another Council for your services? <i>If so please provide details and also contact information for the commissioner/commissioning team</i></p>	
<p>Are you a member of any trade associations or regulatory bodies? <i>If so please specify using the full Association name e.g.)</i> <u>Society Of Later Life Advisers, Solicitors For the Elderly, Financial Conduct Authority, etc.</u></p>	
<p>Membership number/reference</p>	

DEFINITIONS:

CONTROLLING MINDS – A person or persons who have the authority to make decisions in a company e.g. owners, managers, Company Directors, Partners, etc.

EMPLOYEES – An employee is defined as any person who receives remuneration or benefit for work completed and subjected to PAYE under a full or part time arrangement. This also includes employees on 'zero hour contracts' and 'bank staff' but does not include subcontractors or volunteers

SUB CONTRACTOR - A subcontractor is an individual or in some cases a business that signs a contract to perform part or all of the obligations of another business's contract.

VOLUNTEERS – A volunteer is defined as any person not in receipt of any benefit from the enterprise).

Proprietor / 'Controlling Minds' Information

Please complete the information requested below for **ALL PERSONS** (including yourself, if appropriate) who have a 'controlling mind' in the service for which you wish to be accredited. (e.g. *Managers, Company Directors, Partners, other decision makers, etc*). If necessary use the continuation sheet at the end of this document.

Full name: <i>Inc. all middle names, please underline surname</i>	Previous names: <i>If different from current name e.g. maiden name.</i>	Date of birth:	Job Title:	Home address: please provide addresses for the last 5 years	Has the controlling mind listed above ever lived or worked abroad? If so please provide details	Has the controlling mind had any current or past contact with social services? If yes, please provide further details, including which local authority was involved	Has the controlling mind ever been contracted or commissioned by East Sussex County Council? If so please provide details
				Postcode: Date From:			
				Postcode: Date From:			
				Postcode: Date From:			

Employee Information				
How many employees do you have in total? <i>(include yourself, all 'controlling minds' and staff in other offices)</i>				
How many will be used to deliver your East Sussex SWC service/s?				
How many subcontractors will be used in the delivery of your East Sussex SWC service/s?				
How many voluntary staff do you have in total? How many will be involved in the delivery of your East Sussex SWC service/s?				
Does your business generate sales by cold calling? Note: <i>This practice is not permitted by Support With Confidence</i>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Employee Details

**Please complete the following information for all staff that will be involved in the delivery of the SWC accredited services
(if required, please use the Employee Details Continuation sheet at the end of this document)**

Please also include any details of the controlling minds who are also involved in the delivering of the SWC accredited services

Please supply Employees full name, Job Title and Employee Type: Employee (E), Subcontractor (S) Volunteer (V) Controlling Mind (CM)	Does this employee have any restrictions on their ability to work in the UK? – If yes please provide details	Does the employee possess an Enhanced DBS less than 6 months old? OR are they subscribed to the Online DBS Service? NB: Do not complete if CQC registered	If yes, please supply certificate reference number and date of issue NB: Do not complete if CQC registered	If no, please supply their date of birth and e-mail address so we can generate an eDBS Application Form NB: Do not complete if CQC registered	Has the employee ever lived/worked abroad during their adult life? If yes – please state which Country/Countries NB: Do not complete if CQC registered

Business Operations

***please provide copies with this application or prior to interview**

Do you have Public Liability Insurance? SWC require all business members to have Public Liability insurance which offers at least £5million cover	*Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you have Employers Liability Insurance? SWC require all business members (who employ staff) to have Employers Liability insurance which offers at least £5million cover	*Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you have Professional Indemnity Insurance? If this insurance is required, SWC will check if the level of cover is sufficient prior to approval	*Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are you willing to increase insurance cover if your current levels are considered insufficient?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you have standard terms of business?	*Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you provide estimates / quotes, receipts or invoices?	*Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you currently advertise your business / services?	*Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you have a complaints procedure in place?	*Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Fees

Please note: It is acceptable for approximate charges to be entered here, however all charges must be made clear to Clients, in writing, before service delivery begins

What rates will you charge? *Please provide a pricing scheme and indicate whether hourly / daily etc*

Will there be additional travel cost? If so what will these be?	
Will you charge for providing quotes / estimates? If so, how much?	
Will a cancellation fee be charged? If so, how much?	

Use of Vehicles

Do you or your staff require a vehicle for work?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are all vehicles insured for business use? <i>*If yes, you will need to provide copies of all relevant insurance documents</i>	*Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you or any of your staff have any driving convictions?	*Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<i>*If yes, please provide all information including dates</i>				

Training

Have staff undertaken training relevant to their profession?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have staff undertaken training relevant to Support With Confidence? e.g. Safeguarding, 1st Aid, etc.	Yes - <input type="checkbox"/> (as part of CQC registration)	Yes - <input type="checkbox"/> (as part of company policy)	No	<input type="checkbox"/>

<p>Can you supply copies of certificates for training undertaken? <i>NB. These will need to be provided with this application form or during your interview, unless CQC Registered.</i></p>	<p>Yes</p>	<input type="checkbox"/>	<p>No</p>	<input type="checkbox"/>
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If yes to any of the above, please provide details here.

N.B Please note that as part of the application process you and relevant staff will be required to complete online Safeguarding training and to attend a business training event. When appropriate, additional training may be offered to your staff.

Relevant Skills & Experience

Do you or your staff have any skills or experience that may be relevant to your Support with Confidence application? *(This could be through employment, volunteering, training or personal experience) (If necessary please continue using the **Additional Details section** at the end of this document)e.g.) speak foreign languages, ITC skills, etc.*

Special Requirements/Additional Support

Do you or your staff have any special requirements or require any additional support when attending training and/or other events? Please give details below.

References

As part of the approval process you are required to provide 10 customer names and contact details so that we can select a minimum of 5 of these at random to obtain references.

We will contact your referees prior to your interview so please make them aware that they will be contacted by a member of the SWC team.

If you supply an email address for your referees, we will send the reference request to them using our encrypted email service. Please make referees aware they will need to register to access this service, we will send them registration guidance on how to do this

We reserve the right to request additional references when necessary

No	Name	Address	e-mail/telephone
1		Postcode:	
	How to contact the referee (tick box)	<input type="checkbox"/> post <input type="checkbox"/> email <input type="checkbox"/> phone	
2		Postcode:	
	How to contact the referee (tick box)	<input type="checkbox"/> post <input type="checkbox"/> email <input type="checkbox"/> phone	
3		Postcode:	
	How to contact the referee (tick box)	<input type="checkbox"/> post <input type="checkbox"/> email <input type="checkbox"/> phone	
4		Postcode:	
	How to contact the referee (tick box)	<input type="checkbox"/> post <input type="checkbox"/> email <input type="checkbox"/> phone	
5		Postcode:	
	How to contact the referee (tick box)	<input type="checkbox"/> post <input type="checkbox"/> email <input type="checkbox"/> phone	
6		Postcode:	
	How to contact the referee (tick box)	<input type="checkbox"/> post <input type="checkbox"/> email <input type="checkbox"/> phone	

7		Postcode:	
	How to contact the referee (tick box)	<input type="checkbox"/> post	<input type="checkbox"/> email <input type="checkbox"/> phone
8		Postcode:	
	How to contact the referee (tick box)	<input type="checkbox"/> post	<input type="checkbox"/> email <input type="checkbox"/> phone
9		Postcode:	
	How to contact the referee (tick box)	<input type="checkbox"/> post	<input type="checkbox"/> email <input type="checkbox"/> phone
10		Postcode:	
	How to contact the referee (tick box)	<input type="checkbox"/> post	<input type="checkbox"/> email <input type="checkbox"/> phone

I have received permission from the above customers to supply a reference and the SWC Team may now contact them.

Print Name: Sign

Enhance Disclosure & Barring Service checks

To become an approved member, all applicants are required to undertake an Enhanced DBS check, which includes the Adult Barred List check.

You and relevant staff will be required to undertake an Enhanced DBS check prior to approval using the Electronic Disclosure & Barring Service system (eDBS). This will be completed after your application has been submitted.

Further information on completing a DBS check will be provided with your application acknowledgement letter.

Electronic Disclosure & Barring Service (eDBS) Checks – East Sussex County Council, on behalf of the SWC Scheme, will pay for up to 5 eDBS checks. A business applying with, or recruiting, more than 5 employees or using subcontractors will be required to pay for any additional eDBS checks requested. The current cost is £44 per person and the fee will need to be paid to East Sussex County Council and we will process applications on your behalf.

<p>Do you or any of your relevant staff have an Enhanced DBS certificate dated within the last 6 months? <i>If yes, SWC will need to see this certificate to check it meets the accreditation requirements</i></p>	<p>Yes</p>	<input type="checkbox"/>	<p>No</p>	<input type="checkbox"/>
<p>Are you and your relevant staff willing to have an Enhanced Criminal Records check carried out? <i>Please note that responding “No” to this question will mean that your application for approval will be refused.</i></p>	<p>Yes</p>	<input type="checkbox"/>	<p>No</p>	<input type="checkbox"/>

DBS Update Service

Any applicant who applies for an eDBS check through the East Sussex County Council Support With Confidence scheme will need to join the online update service. Membership of the online update service incurs a charge of £13 per annum (payable by the applicant). Membership for volunteers is free of charge. **Please note, you and your staff have 30 days to sign up to this from the issue date on your certificate.**

Membership to this service will remove the need to complete multiple eDBS applications when moving between positions in the future and also prevent the time consuming process of correcting mistakes on forms and supplying original evidence to the authorised body. Additionally once

subscribed, you may grant permission to any person to check your DBS information at any time. For more information please follow the link: <https://www.gov.uk/dbs-update-service>

Are you and your staff already subscribed to the DBS Online Update Service?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, then you must grant us consent to check your DBS status. We will request this consent once your application has been processed.				
If no, SWC will require you sign up to the DBS Online Update Service when a new DBS is completed.				

If you and your staff are not already members of the DBS Update service, do you confirm your intention to subscribe to the service when required to by SWC?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Rehabilitation of Offenders Act 1974 & Exception Order 1975

Please read in conjunction with the guidelines printed at the beginning of this document.

If accepted onto the scheme, the work that you and your staff will be undertaking is exempt from the provisions of Section 4 (2) of the Rehabilitation of Offenders Act 1974 by virtue of the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975.

This means you cannot withhold information about any conviction. All information given will be verified against a returned DBS check. The term "conviction" relates to a finding of guilt following a hearing in a court of law, including Courts Martial.

Please note that if you or your staff have been convicted of any of the following offences your application will not be approved:

- Murder
- Any offence against children, young people or vulnerable adults
- Offences involving serious violence or threats of violence
- Offences involving serious theft or fraud where duties allow access to substantial financial resources
- Sexual offences of any nature
- Serious burglary or arson, where duties involve substantial responsibility for security of buildings or equipment
- If you have been placed onto the following lists:
 - Protection of Vulnerable Adults List (POVA)
 - Protection of Children's Act List (POCA)
 - Section 142 of the Education Act (List 99)

For all other offences, appointment is subject to a risk assessment.

Prospective employees for jobs exempt from the Rehabilitation of Offenders Act working with children or vulnerable adults will also be asked to declare official warnings, reprimands, registration as a sex offender, cautions, bind-overs and other relevant matters.

If you are approved, not disclosing such convictions could result in us taking you off of the Approved list.

Any information given will be completely confidential and will be considered only in relation to an applicant for a role to which the Order applies.

Have you or relevant staff ever been subject to any Police warnings, reprimands, cautions, convictions, and/or bind overs?	*Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are any of these pending?	*Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
*If Yes, what are they? Please give all information including date(s). A Risk Assessment will then be carried out. Failure to give this information will mean that your application will be refused.				
Have you or any of the Controlling Minds had any County Court Judgements issued?	*Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
*If yes, please give all details including date(s)				
If applicable, please state how many times you or your organisation has been required to pay compensation / damages as required by the courts / arbitration panels in relation to this type of service				

Signature, Payment & Agreement

By signing this application you are confirming you agree to the following terms and conditions of the scheme:

- A commitment to comply to the Support With Confidence Code of Conduct
- A commitment to attend any necessary training for accreditation purposes.
- A willingness for your information to be listed on the East Sussex Support With Confidence, ESCIS and 1Space online directories.

As part of the application process, a number of background checks will be completed. By signing this application form you are giving your agreement for these checks to be completed for you, and your staff if applying as a business (as appropriate):

- Quality Monitoring check - this is checking our internal social care records
- Financial checks - these include CCJ, insolvency, disqualified directors, and companies house checks (completed as necessary)
- Complaints checks – these include checks against adult social care, trading standards, and citizen advice records
- DBS Check – including overseas police checks where necessary
- Other background checks may be completed as necessary, such as appropriate licences, membership of any associated trade associations and professional bodies, etc

Should any of these checks come back with information which may affect your application, this will be discussed with you and further information may be required.

The application process is open for 12 months after we have received your application form and payment. If your application takes longer than this because of unreasonable delays on your part, such as not providing the necessary paperwork, a further fee may be charged.

Please note, the membership fee does not cover all the costs of joining the scheme and applicants are expected to cover the costs of the following scheme requirements as part of their business set up:

- insurance requirements
- additional training course costs
- travel to and from training courses
- overseas police checks

This list is not exhaustive and scheme requirements will be discussed with applicants on a case by case basis.

Support with Confidence reserve the right to refuse membership of the scheme to any applicant whom we consider does not meet the standards set out in the Terms and Conditions of the scheme. As an alternative, we may ask you to meet some specific conditions before we can accept you as a member of the scheme.

If we refuse to accept you as a member you will have the right to appeal against our decision. Further information on the appeals process can be shared with you.

Should we refuse your application or you wish to cancel at any stage after payment has been taken and we have started to process your application, other than in exceptional circumstances, your payment will be retained for the administration time incurred.

Code of Conduct

You are expected to have read the SWC Code of Conduct before you have submitted your application. This document is included as part of the application pack and can also be downloaded from the following link:

<https://new.eastsussex.gov.uk/socialcare/providers/promoting/join-swc/what-we-expect-from-you/>

On being approved as an SWC service provider, you agree to deliver services in accordance with the Terms and Conditions as specified in the Code of Conduct. You promise to make East Sussex County Council Support With Confidence aware of any changes that may affect your continued suitability to be on the scheme, for example this may include notifying us of changes to senior staff / proprietors / directors of your organisation; changes to your financial status eg. County Court Judgements / Bankruptcy; Criminal convictions or any safeguarding investigations involving you or your organisation.

Quality monitoring will take place to ensure client safety & satisfaction, and a random check may be carried out by East Sussex County Council on any services which you deliver. The information given in this form will be reviewed and updated periodically.

If complaints are received by the Council, then your name may be temporarily removed from the Scheme whilst the complaint is being investigated by the Council and may be permanently deleted from it if the content of those complaints are proved to be substantiated.

Membership renewal

Upon approval, you will be required to renew your membership to the scheme every year (on the anniversary of your approval date) by completing a renewal declaration and paying a yearly membership fee. You will also need to refresh your training every 3 years.

Data Protection

The information you provide within this application form will only be used for Support with Confidence purposes and will not be used for any other purpose without your permission. For further information on how we use your personal data please visit the following ESCC webpage:

<https://www.eastsussex.gov.uk/privacy/swc/>

<p>Please confirm that you have read the Code of Conduct and you agree to all the terms and conditions indicated in this application.</p> <p><i>*Please note that responding "No" to this question will mean that your application for approval will be refused.</i></p>	<p>Yes</p> <input type="checkbox"/>	<p>*No</p> <input type="checkbox"/>
<p>Have you included copies of all requested evidence with this application?</p>	<p>Yes</p> <input type="checkbox"/>	<p>No</p> <input type="checkbox"/>
<p>By completing the signature box below you confirm, as representative for the applicant, that the information provided throughout this document is to the best of your knowledge an accurate representation of truth and fact.</p>		

Signature		Date	DD/MM/YY
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Print Name	
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Thank you for taking the time to complete this application form. Your application will be processed as soon as possible and we will be in touch to arrange your interview once background checks have been completed.

Additional Details

If you need to add any further information about yourself, colleagues or your business then please enter details below.

Employee Details – (Continuation Sheet)

Please supply Employees full name, (including yourself), Job Title and type: Employee (E), Subcontractor (S), Volunteer (V)	Does this employee have any restrictions on their ability to work in the UK? – If yes please provide details	Does the employee possess an <u>Enhanced DBS less than 6 months old</u> OR are they <u>subscribed to the Online DBS Service?</u> (*Yes/**No) NB: Do not complete if CQC registered	*If yes, please supply their certificate reference number and date of issue NB: Do not complete if CQC registered	**If no, please supply their date of birth and e-mail address so we can generate an eDBS Application Form NB: Do not complete if CQC registered	Has the employee ever lived/worked abroad during their adult life? If yes – please state which Country NB: Do not complete if CQC registered

Proprietor / 'Controlling Minds' Information (Continuation Sheet)

Full name: <i>Inc. all middle names, please underline surname</i>	Previous names: <i>If different from current name e.g. maiden name.</i>	Date of birth:	Job Title:	Home address: please provide addresses for the past 5 years	Has the controlling mind' listed above ever lived or worked abroad? If so please provide details	Has the controlling mind' ever been contracted or commissioned by East Sussex County Council? If so please provide details
				Postcode: Date From:		
				Postcode: Date From:		
				Postcode: Date From:		