



Tyne & Wear Care Alliance

Supporting workforce development
throughout the independent care sector

Company Enrolment Form

Name of Company: _____

Address: _____

Post Code: _____ Phone Number: _____

How many people does the company employ?

Less than 50

51 to 199

200 to 250

251 or above

How would you best describe the activities of the company? (Nursing Care, Small Group Homes, Domiciliary Care)

Is the company's balance sheet 27M EURO or More? Yes No
£18M

Is the company's annual turnover 40M EURO or more? Yes No
£27M

Do other firms own more than a quarter of your company? Yes No

Have you received any grants or state aids in the last three years? Yes No
(this will be discussed when you meet the alliance representative)

If 'Yes' provide further details:

Date of Payment	Name of Provider	Amount £	Brief Reason for Payment

Data Protection

The information you provide will be passed to the Tyne and Wear Care Alliance (TWCA). The TWCA is registered under the Data Protection Act 1998. The information you provide will be shared with other organisations for the purpose of administration, careers and other guidance, and statistical and research purposes. Other organisations with which we will share information include, the Learning and Skills Council, Skills for Care and organisations performing research and statistical work on behalf of TWCA or its partners. The TWCA is also a co-financing organisation and uses European Social Funds from the European Union to directly or indirectly part-finance learning activities, helping develop employment by promoting employability, business spirit and equal opportunities, and investing in human resources. From time to time your organisation may be contacted to take part in surveys by mail or telephone, which are aimed at enabling TWCA to monitor performance, improve quality and plan future provision. At no time will your personal information be passed to organisations for marketing or sales purposes.

Declaration

I declare that the details given on this form are true to the best of my knowledge.

Signed _____ Date _____

Position within Company: _____

For office use only:

Eligibility Criteria satisfied Yes No

Name of Project _____ Dossier Number _____

Signed Project Manager _____ Date _____

Print Name _____

Return Address:

Tyne & Wear Care Alliance

Unit 1

North East Business and Innovation Centre

Wearfield

Sunderland Enterprise Park East

Sunderland

SR5 2TA



Funded by
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**Sunderland
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