



Lancashire Care Association Co. Ltd

Representing Providers of Quality Health and Social Care

LCA MEMBERSHIP APPLICATION 2016/17

Name of Agency: _____

Group Name: _____
(If Applicable)

Registered Provider: _____ Owner: _____
(As registered by CQC)

Registered Manager: _____ Type of Provider: DOMICILIARY
Services Provided: Older People
Learning Disability
Physical Disability

Address: _____

Post Code: _____

Telephone Number: _____ Fax Number: _____

Mobile Number: _____

Email : _____ Website : _____

LCA Membership Fees: Small Agency: £330.00 Large Agency: £550.00

Small and large agencies are defined by CQC registration guidance.

Small Agency

Your agency has no more than two full time equivalent members of staff in the office, including the intended registered people, but not including anyone employed as a receptionist. This does not include care staff.

Large Agency

Your agency has more than two full time equivalent employees in the office. This does not include care staff. This head count does not include care workers or nurses who are employed – just the office staff should be counted.

Total 2016/17 Membership Fee Due: £

Name :	_____	Job Title:	_____
Signature:	_____	Date:	_____

Please complete and return this form with a cheque made payable to Lancashire Care Association.

Tick box if you do not authorise LCA to pass on your information to its main sponsors:

Centurion House, Centurion Way, Leyland, Preston, PR25 3GR

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