

## Gold Standards Framework Centre for Care Homes Registration Form

Please read and complete all sheets in BLOCK CAPITALS and return to: Email: [megan.powell@gsfcentre.co.uk](mailto:megan.powell@gsfcentre.co.uk)

### Care Homes Details

Name of Care Home		No. of Beds	
Care Category		Company Name	
Type of Ownership			
Address Line 1			
Address Line 2			
Town		County	
Postcode		Email address	
Tel No.		Fax No.	

### Details of Care Home Manager

Forename		Surname	
Job Title		Mobile No.	
Email address			

### Name of two staff members attending the workshops

1.Forename		Surname	
Job Title		Mobile No.	
Email address		Special Requirement (Dietary or Access)	
2.Forename		Surname	
Job Title		Mobile No.	
Email address		Special Requirement (Dietary or Access)	

### If over 61+ beds please complete for the 3<sup>rd</sup> person

3.Forename		Surname	
Job Title		Mobile No.	
Email address		Special Requirement (Dietary or Access)	

### Invoicing details (if different from Care Home details)

Name of Head Office/organisation		Contact Name	
Address		Postcode	
Tel. No		Fax No.	
Email address			

### Please tick appropriate box

Full Programme <b>including</b> Accreditation		Full Programme <b>excluding</b> Accreditation	
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**\*\*Care homes must register for Accreditation within 2 years of the final workshop\*\***

### Care home training programme costs 2020

Number of beds	Training	Accreditation	number of delegates to attend the programme
0-30	795.00	795.00	2
1-60	995.00	995.00	2
61+	1,295.00	1,295.00	3

### Signed for on behalf of the Care Home Owner

Name (in capitals): \_\_\_\_\_ Signed: \_\_\_\_\_

Position: \_\_\_\_\_ Date: \_\_\_\_\_



*"Enabling a gold standard of care for all people  
nearing the end of life"*

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