**Community of Communities Joining Form**

Please return this form to C of C to benefit your membership with us. The information assists us with supporting your community to take part in the project and with monitoring the diversity of the communities which are taking part.

**Please read the entire document, including the terms of membership, before signing.**

*Thank you for your continuing membership of CofC.*

**Details Required**

|  |  |
| --- | --- |
| Name of Community |  |
| Community Address |  |
| Community Address  (for review – if different) |  |
| Contact Number |  |
| Client Population |  |
| Number of clients (as of April 2020) |  |
| Maximum Capacity |  |
| Type of service (e.g. 1 day / residential) |  |
| Number of years – C of C membership |  |
| Website |  |
| Registered Manager |  |
| Main / Lead Contact Name |  |
| Main / Lead Contact Job Title |  |
| Main / Lead Contact Phone Number |  |
| Main / Lead Contact Email |  |
| Second Contact Name |  |
| Second Contact Job Title |  |
| Second Contact Phone Number |  |
| Second Contact Email |  |
| Additional Emails for our mailing list: |  |

|  |  |
| --- | --- |
| **Information for Visitors** | |
| Please provide the name of your nearest train station |  |
| Is parking available for visitors? |  |
| Local Taxi Numbers |  |
| Should an alternative postcode be used for people driving to the service using a Satnav? |  |
| Please provide the names of 3 of the nearest B&Bs or hotels |  |

|  |
| --- |
| **Short description of your TC for addition to the Members Directory which is uploaded online on the RCPsych Website.** |
|  |

Please complete for all regulatory national minimum standards relevant to your service and provide us with the copies of your most recent inspection reports

|  |  |  |
| --- | --- | --- |
| **Overseeing body (e.g. CQC, Ofsted Care)** | **Date of last inspection** | **Outcome from last inspection** |
|  |  |  |
|  |  |  |

|  |  |
| --- | --- |
| **What is your Local Authority?** |  |
| **Who is head of commissioning in your local area?** |  |

|  |
| --- |
| **If you would like to upgrade your membership to Accreditation Membership, please also complete the form found in Appendix 1 at the end of this document** |

**Membership:**

**Please tick the boxes relevant to you and describe your service user population**

|  |  |
| --- | --- |
| **Membership Type** | **Tick relevant box** |
| Accreditation |  |
| Full |  |
| Developmental |  |
| Associate |  |
| Mini TC |  |
| **Sector:** |  |
| Overseas |  |
| Statutory |  |
| Independent |  |
| Voluntary |  |
| Other (if so, please state) |  |
| **Please describe the service user population:** | |
| **Please select the total number of client places:** | |
| Up to (and including) 20 places |  |
| Over 20 places |  |
| **Service Type:** | |
| Mini TC (1-2 days per week) |  |
| Day TC (including non-residential schools) |  |
| Residential TC |  |

**Terms of Membership**

*By completing and submitting this form you are agreeing to the following expectations of CofC membership.*

**All members:**

* A signed joining form submitted to the CofC project team is confirmation of contractual agreement to pay for the membership option requested therein.
* Memberships will run from the date the membership invoice is raised by the Royal College of Psychiatrists to the end of the agreed term. Membership start dates cannot be delayed or revised during the agreed term.
* To provide a link person and a second as backup who will liaise with the CofC team and will keep CofC updated if contact details change.
* Commit to returning all necessary correspondence to the CofC team in a timely manner.
* To pay membership fees in a timely manner. If fees are not paid, we cannot guarantee provision of a visit of any kind.
* If a member of a community has signed up for a review and can no longer attend, your service is required to find a replacement and provide the details of the replacement to CofC in a timely manner. If the review is an HMP review, CofC require at least 2 weeks’ notice of any changes in attendance as Security Clearances must take place.
* If members of a service sign up to a HMP review, they will return the Security Forms to [cofc@rcpsych.ac.uk](mailto:cofc@rcpsych.ac.uk) at least 3 weeks prior to the review day.
* If members of a community drop out of a review and no replacement is found, the community are liable for lost travel and hotel costs.
* To inform your Lead Reviewers and Peer reviewers of the information and expectations above.
* Paid membership of the CofC project entitles the member to the benefits as outlined below dependent on type of membership. The project cannot be held responsible if any member does not make use of the benefits during the membership period and no extension to the membership period will be granted due to non-use of the benefits available.

**Additional terms for full members:**

* To provide at least 3 community members including client members where appropriate to attend peer-reviews / accreditation visits and authorise accompanying travel costs.
* To inform your Lead Reviewers and Peer reviewers of the information and expectations above.

**Additional terms for accreditation members:**

* To provide at least 3 community members including client members where appropriate to attend peer-reviews / accreditation visits and authorise accompanying travel costs.
* To provide a senior person to perform the TC specialist role at another services accreditation review.
* To inform your TC Specialist, Lead Reviewers and Peer reviewers of the information and expectations above.
* Communities must be fully paid members in order to undertake an accreditation and must remain fully paid members throughout the course of the three-year accreditation. If a service is not a fully paid member at the time of their accreditation report being presented to the Award Panel, they will not be eligible to receive Accreditation following the Panel’s decision.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***Benefits*** | **Associate** | **Developmental** | **Full** | **Accreditation** |
| Welcome pack by email | **X** | **X** | **X** | **X** |
| Lead Reviewer and peer-reviewer guidance packs by email | **X** | **X** | **X** | **X** |
| TC Specialist training package for nominated members |  |  |  | **X** |
| Free attendance at CofC training courses |  | **X** | **X** | **X** |
| Discounted attendance at the CofC Annual Forum | **X** | **X** | **X** | **X** |
| The opportunity for members of the community to take part in visits as peer-reviewers | **X** | **X** | **X** | **X** |
| Peer-review visit |  |  | **X** | **X** |
| Accreditation visit |  |  |  | **X** |
| Unlimited number of memberships to the CofC Knowledge Hub online forum during membership | **X** | **X** | **X** | **X** |

**Declaration:**

**I would like to be a member of the Community of Communities.**

**I understand that by signing this form I agree to be invoiced annual unless I inform CofC.**

**I recognise that as a member there are defined responsibilities which my service must fulfil in order to contribute to the on-going success of the network.**

**My contribution will depend on the type of membership I choose.**

**I have read and understood the different types of membership and would like to authorise my service to join the Community of Communities.**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Appendix 1: Accreditation Application Form**

(Only complete this form if you would like to upgrade your membership to Accreditation)

**National minimum standards requirements:**

As part of the accreditation process, we require the outcomes from all inspections which monitor national minimum standards for your sector. Services must pass all national minimum standards requirements to be considered for accreditation.

**By submitting this application form, I confirm that I have read the accreditation project lead pack and understand the additional requirements an accreditation membership requires.**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_

Job title: \_\_\_\_\_\_\_\_\_\_\_\_

Signed: \_\_\_\_\_\_\_\_\_\_\_\_

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

Please enter the scores from your most recent peer review in the table below:

|  |  |  |  |
| --- | --- | --- | --- |
|  | **No. of Type 1 criteria met** | **No. of Type 2 criteria met** | **No. of Type 3 criteria met** |
| **Core Standards** |  |  |  |
| **Staff** |  |  |  |
| **Joining and Leaving** |  |  |  |
| **Therapeutic Framework** |  |  |  |
| **External Relations & Performance** |  |  |  |

Accreditation members must provide the details of ***AT LEAST one TC Specialist and AT LEAST one lead reviewer***

**TC Specialists\***

|  |  |
| --- | --- |
| Name of TC Specialist: |  |
| Contact Number: |  |
| Secondary Contact Number: |  |
| Email Address: |  |
| Dietary Requirements: |  |

\*A ‘TC specialist’ must have 5 years or more experience in a managerial position within a therapeutic community.

**Lead Reviewers**

|  |  |
| --- | --- |
| Name of Lead Reviewer: |  |
| Contact Number: |  |
| Secondary Contact Number: |  |
| Email Address: |  |
| Dietary Requirements: |  |

Please return by email to: [cofc@rcpsych.ac.uk](mailto:cofc@rcpsych.ac.uk)   
Please return by post to: Beth Thibaut, Community of Communities, CCQI, 2nd Floor, 21 Prescot Street, London, E1 8BB