

## Expression of Interest- Micro Care Business

ABOUT THE FORM:  This form is designed to gather contact details of potential Micro-Care Providers and does not imply intent and is not a legal agreement. All details provided will be stored on a secure database and only use by the Micro-Care Team.		WHERE DID YOU HEAR ABOUT MICRO-CARE:		
		Word of Mouth		
		Flintshire Website		
HOW TO RETURN THE FORM:		Information Session		
Email: micro-care@flintshire.gov.uk		Workplace		
		Leaflet		
Post: Micro-Care Team, Ty Dewi Sant, St. David's Park,		Social Enterprise Events		
Ewloe, Flintshire, CH5 3FF		Other – Please specify:		
Personal Details				
Your Full Name:				
Address:	Contact Telephone Numbers:			
	Mobile:			
	Home:			
	E-mail Address:			
Post Code:				
Name of the business you run (if applicable):				
	Website Address (if appl	cable):		

Getting to Know You			
What type of Micro-Care business do you want to start-up?			
Direct Care Support Services Other Unsure at the present time			
Definitions:  • Direct Care – Is care that is directly delivered to the patient – usually one to one, hands on care e.g. helping someone wash and dress etc.  • Support Services – usually non-health care related e.g. Transport, support groups, dogs walking etc.  • Other – any other type of care services/provision.			
Please provide a brief outline about your business idea: (Please do not worry if you are unsure at the present time)			
Do you have a Business Plan (if applicable)? Yes – Please attach a copy No			
Have you already received advice/support from other agencies? If yes, please give brief details?			
Do you have an idea of what support or information you may need?			

Signature:	Date

Please return this completed form and a member of the Micro-Care Team will be in contact. If you have questions about the form, please do not hesitate to contact Rob Loudon on 01352 701461 or Marianne Lewis on 01352 702126.





