

Scottish Care Homes Census: Care Home

Form SCHC1
(introduced 04.03)

If any of the pre-printed information is incorrect please amend it.

1. Date of census:

day month year

3 1 0 3 2 0 0 6

2. Location code of Care Home:

3. Care Commission Service Number

CARE HOME

4. Name: _____

5. Address: _____

6. Postcode: _____

7. e-mail: _____

8. phone: _____ 9. fax: _____

Contact particulars in case of queries about this form:

10. Name of contact: _____

11. e-mail: _____

12. phone: _____

13. fax: _____

Gross weekly charge per long stay resident

Mainly funded by
Local Authority

Mainly funded by
Private Means

Please provide the weekly charge for the four categories of long stay resident shown.

-- without nursing care 14. £

15. £

Please also provide an overview average gross weekly charge, calculated as follows:

-- with nursing care 16. £

17. £

Average charge = Total gross charge for all residents (for one week) divided by total number of residents.

Overall average gross weekly charge 18. £

All charges should be before deducting any income received from residents, relations or third parties and before deducting any income received from local authorities for personal care, nursing care or accommodation costs.

Number of residents during the six months 30 September 2005 to 31 March 2006

	Total	Long stay ¹	Respite care ²	Other short stay ³
a Number of residents at 30 September 2005	19. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	20. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	21. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	22. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
b Number of admissions (between 1 Oct. 2005 and 31 March 2006)	23. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	24. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	25. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	26. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
c Number of discharges (between 1 Oct. 2005 and 31 March 2006)	27. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	28. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	29. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	30. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
d Number of deaths (between 1 Oct. 2005 and 31 March 2006)	31. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	32. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	33. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	34. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
e Number of residents at 31 March 2006	35. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	36. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	37. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	38. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Please complete and return this form by 31 May 2006. Please contact us if you will not be able to return the form by that date.

For further information, please phone (0131) 244-3769 or (0131) 244-3794 email: SWStat@scotland.gsi.gov.uk fax: (0131) 244-5427

Please return this form to: Scottish Executive Health Department, Community Care Statistics, Room 3WR, St Andrew's House, Regent Road, Edinburgh EH1 3DG

Local Authority Homes should return this form via their Social Work Department Headquarters.

FOR OFFICIAL USE ONLY

BATCH NO

PLEASE LEAVE BLANK