# Annual Return 2025/2026

## Before You Start

As part of your Annual Return, you are required to upload workforce information about your provider and services using a set of pre-defined templates.

All templates that apply to your provider and its associated services are available via the 'Workforce Templates' menu.

**Important**
* You must only use the templates provided within the 'Workforce Templates' menu.
* Only the templates provided will be accepted.
* Completed templates must be uploaded to the relevant sections of your return.

The information you upload will be checked and verified. You will not be able to successfully submit your Annual Return until all required templates have been uploaded and verified.

Please select the language(s) you want to publish the Annual Return in.

If you are a provider who provides or is working towards providing an 'Active Offer' of the Welsh Language, you may wish to complete and submit your Annual Return in both languages. If you select 'Both' all free text questions within the return will be displayed in both Welsh and English. You will be required to enter both the Welsh and English text into the corresponding answer box allowing you to publish the return in both languages.

If you select 'English' all free text questions will be displayed in English only.

If you select 'Welsh' all free text questions will be displayed in Welsh only.

Note: You are able to change the language of publication at any point prior to submission.

| | |
|---|---|
| In which language(s) do you want to publish the Annual Return? | English |

## Provider Details

### Provider Information to be published

The following information relates to information CIW held about this provider and its associated services on the 31 March 2026.

This section has been completed for you. There are no actions to complete. This information displayed will be included in the published Annual Return.

| | |
|---|---|
| Provider name: | ivolve CMC Ltd |
| The provider was registered on: | 15/06/2018 |
| The following lists the provider conditions: | There are no imposed conditions associated to this provider |

The regulated services delivered by this provider were:

| St Saviours Nursing Home | |
|---|---|
| Service Type | Care Home Service |
| Type of Care | Adults With Nursing |
| Approval Date | 15/06/2018 |
| Responsible Individual(s) | Kutirai Ngundu |
| Manager(s) | Julie Counsell |
| Maximum number of places | 29 |
| Service Conditions | The responsible individual for this service is Kutirai Avon and Wiltshire Mental Health Ngundu<br>A maximum of 29 individuals can be accommodated at this service |

| St Albans Nursing Home | |
|---|---|
| Service Type | Care Home Service |
| Type of Care | Adults With Nursing |
| Approval Date | 21/11/2018 |
| Responsible Individual(s) | Kutirai Ngundu |
| Manager(s) | |
| Maximum number of places | 40 |
| Service Conditions | The responsible individual for this service is Kutirai Box Ngundu<br>A maximum of 40 individuals can be accommodated at this service |

## Provider Profile

We want to ensure the information held by CIW on the legal register is accurate and up to date. Please check the following information about the provider and answer all questions.

| | |
|---|---|
| Provider Name | ivolve CMC Ltd |
| Is the Provider Name correct?<br><br>Note: If the name of the provider has changed due to a change of legal entity, you must contact the CIW Registration Team immediately on 0300 7900 126 and select Option 1, when prompted to do so. | Yes |

| | |
|---|---|
| Registered Company Number | 05010791 |
| Is the Registered Company Number correct? | Yes |

| | |
|---|---|
| Registered provider's primary address: | Fieldbay Ltd, Chestnut House Tawe Business Village, Swansea, SA7 9LA |
| Is the registered provider's address correct?<br><br>Note: If the address of the organisation has changed due to a change of legal entity, please contact the Registration Team on 0300 7900 126 and select Option 1, when prompted to do so. | Yes |

The information displayed below details your service provider's contact details and preferred language of communication. Please check the information held by CIW is correct.

**Please Note:** If the information is incorrect you will be unable to edit this information directly here. Please answer 'No' to 'Are the provider telephone number, email address and preferred language of communications correct?' and follow the onscreen instructions to update your provider profile.

| | |
|---|---|
| Provider Telephone Number | 02920472161 |
| Provider Telephone Number | kutie.ngundu@ivolve.care |
| Do you agree to receive correspondence and legal notices via this e-mail address? | Yes |
| Preferred language of communication for telephone calls | English |
| Preferred language of written communication (including emails and letters) | English |
| Website address | www.ivolve.care |
| Are the provider telephone number, email address and preferred language of communications correct? | Yes |

The following sets out a list of organisation officers associated with your organisation as registered with Companies House i.e. Directors, Trustees.

| | |
|---|---|
| | Kutirai Ngundu (Director)<br>Kutirai Ngundu (Director)<br>Kutirai Ngundu (Director)<br>Kutirai Ngundu (Director) |
| Is the list of organisational officers correct? | Yes |

Details of Holding Company

| | |
|---|---|
| Name of Holding Company | Crusader Medical Care Holdings Ltd |
| Company Number | 12937958 |
| Holding Company address | Chestnut House, Tawe Business Village, Swansea Enterprise Park, Swansea, SA7 9LA |
| Is the holding company address correct? | Yes |

The following sets out the conditions that CIW have imposed upon your registration. Imposed conditions are in addition to the standard conditions for example reduced capacity numbers.

| | |
|---|---|
| The conditions imposed upon the service provider | There are no imposed conditions associated to this provider |
| Is the above information correct? | Yes |

The following lists all regulated services the service provider is registered to provide

| Name of Service | 1st Line of Address | Service Type |
|---|---|---|
| St Saviours Nursing Home | 115 Splott Road | Care Home Service |
| St Albans Nursing Home | St. Albans Care Home | Care Home Service |

| | |
|---|---|
| Is the list of regulated services correct? | Yes |

Training and Workforce Planning

Information about training and workforce planning.

**Please Note!** When adding information to text fields, please ensure that you do not include any inflammatory language, personal data or information about individual people by which they can be identified, either by name or any other identifying factors. For guidance on what is personal data and identifying factors, please see the guidance on the Information Commissioner website.

| | |
|---|---|
| Describe the arrangements in place during the last financial year for identifying, planning and meeting the training needs of staff employed by the service provider.<br><br>If available, this field has been pre-filled with last year's Annual Return data. Please review the information and make any necessary changes. | SS + SA have a dedicated L+D Team + 1 trainer is dedicated to both. All new staff get a 5-day induction prior to starting. Manual Handling (MH), Positive Behavioural Support/Positive Behavioural Management (PBS/PBM) + first aid are also inc. in induction + refreshed annually. A suite of e-learning suite is completed during probation + refreshed annually. The L+D Manager contributes to the weekly Senior Leadership Team (SLT) + quarterly training meeting (including RIs) to discuss SA's training. |
| Describe the arrangements in place during the last financial year for the recruitment and retention of staff employed by the service provider.<br><br>If available, this field has been pre-filled with last year's Annual Return data. Please review the information and make any necessary changes. | SS and SA have a dedicated P+C 'Business Partner.' All new staff are interviewed + do a trial shift. This is followed by a 5-day induction + 24-week induction period with an 'induction' booklet of learning outcomes + supervisions. There's a weekly review of staffing with P+C + Managers. The weekly SLT includes P+C. P+C have their own weekly review meeting.RI attends a monthly business review which inc P+C issues. The RI also has a weekly 1 to 1 with the Managing Director to discuss this. |

## People at the provider

Use this section to upload the workforce information about people who work at the provider. It is important that the workforce information you provide is only about those people working in Wales.

The templates you must use are available from 'Workforce Templates' under the 'Help and Support' menu. Only these templates will be accepted when submitting workforce information about people who work at the provider.

| | |
|---|---|
| Please upload the workforce information for this provider | FNL - CIW Workforce return -Functions 2025-26.xlsx |

# Service Profile

## Service Details

We want to ensure the information held by CIW on the legal register is accurate and up to date. Please check the following information about the service and answer all questions.

| | |
|---|---|
| Name of Service | St Saviours Nursing Home |
| Is the registered service name correct? | Yes |
| The number of people you are registered to provide care and support for: | 29 |
| Is the number of people you are registered to provide care and support for correct? | Yes |

| | |
|---|---|
| Primary address from where the service is being delivered from is: | 115 Splott Road, Cardiff, CF24 2BY |
| Is the registered service address correct? | Yes |

The information displayed below details your service's contact details, agreed consent and preferred language of communication. Please check the information held by CIW is correct.

**PLEASE NOTE:** if the information is incorrect you will be unable to edit this information directly here. Please answer 'No' to 'Are the service's contact details, agreed consent and preferred language of communication correct?' and follow the onscreen instructions to update your service profile.

| | |
|---|---|
| Service Telephone Number | 02920484588 |
| Service Contact Email Address | julie.counsell@ivolve.care |
| Website address | www.ivolve.care |
| What is the main language through which the service is provided? | English |
| Other languages used in the provision of the service | |
| Non-verbal communication methods used at the service | Assistive Technology |
| What is your preferred language of Inspection? | English |
| What is your preferred language for your published inspection report? | English |
| Facilities at the service | Access to minibus or other transport, Activities room (Art, Music, Games, Computers, etc.), Close to local shops / amenities, Garden(s), Internet access, Laundry service, Lifts, Near public transport, Number of bathrooms with assisted bathing facilities (2), Number of bedrooms with en-suite facilities (29), Number of communal lounges (2), Number of dining rooms (2), Number of shared bedrooms (0), Number of single bedrooms (29), On-site parking, Outdoor seating / entertainment area, Quiet areas, Residents' kitchenette / communal kitchen, Semi-independent flat, TV point, Wheelchair access |

| | |
|---|---|
| Are the service's contact details, agreed consent and preferred language of communication correct? | Yes |

## People At The Service

List of the designated Responsible Individual(s) for this regulated service.

| | |
|---|---|
| Responsible Individual(s) | Kutirai Ngundu |
| Are the Responsible Individuals correct? | Yes |

List of service manager(s) for this regulated service

| | |
|---|---|
| Service Managers | Julie Counsell |
| Are the service managers correct? | Yes |

| | |
|---|---|
| The total number of full time equivalent posts at the service (as at 31 March) | 70 |

Use this section to upload the workforce information about people who work at this service.

The templates you must use are available from 'Workforce Templates' under the 'Help and Support' menu. Only these templates will be accepted when submitting workforce information about people who work at the service.

| | |
|---|---|
| Please upload your complete 'Service Workforce' | CIW Service Worforce Return 2026 St Saviours.xlsx |

## Statement of Purpose

| | |
|---|---|
| We have introduced new categories of care. To ensure our records are accurate and up to date, we are asking you to review and resubmit this information as part of the Annual Return data collection..<br><br>*This information is used in the CIW directory to help people find appropriate care services.* | |
| The most recent Statement of Purpose was submitted to CIW on | 21/05/2026 |
| Does CIW currently have your most up to date Statement of Purpose? | Yes |

## Service Provision

### People Supported

| | |
|---|---|
| How many people in total did the service provide care and support to during the last financial year? | 29 |
| As per your condition of registration, this service is registered to accommodate the following number of people at this service: | 29 |
| How many places were occupied on 31 March? | 29 |
| How many places were unoccupied on 31 March? | 0 |

How many people resident at the service on 31 March were aged:

| | |
|---|---|
| 0-17 years | 0 |
| 18-64 years | 15 |
| 65+ years | 14 |
| Is the age breakdown shown above correct? | Yes |

How many people resident at the service on 31 March were of the following sex?

This should relate to the sex recorded on a legal document of the resident such as a birth certificate, Gender Recognition Certificate, or passport.

| | |
|---|---|
| Male | 15 |
| Female | 14 |
| Is the sex breakdown shown above correct? | Yes |

How many people resident at the service on 31 March were of the following ethnic group?

This should relate to the ethnic group or background that best describes the resident, with the following providing further details on each ethnic group:

- White
  - Welsh, English, Scottish, Northern Irish or British
  - Irish
  - Gypsy or Irish Traveller
  - Roma
  - Any other White background
- Mixed/Multiple Ethnic Groups
  - White and Black Caribbean
  - White and Black African
  - White and Asian
  - Any other Mixed or multiple ethnic background
- Asian/Asian British
  - Indian
  - Pakistani
  - Bangladeshi
  - Chinese
  - Any other Asian background
- Black/Black British/Caribbean/African
  - Caribbean
  - African
  - Any other Black, Black British, or Caribbean background
- Other ethnic group
  - Arab
  - Any other ethnic group

| | |
|---|---|
| White | 28 |
| Mixed/Multiple Ethnic Groups | 1 |
| Asian/Asian British | 0 |
| Black/Black British/Caribbean/African | 0 |
| Other ethnic group | 0 |
| Is the ethnic group breakdown shown above correct? | Yes |

The number of people requiring 24hr care or are subject to Deprivation of Liberty Safeguards(DoLS). This information will not be included in the published Annual Return.

| | |
|---|---|
| Number of people assessed as requiring 24hr nursing care during the last financial year | 29 |
| The number of people subject to Deprivation of Liberty Safeguards (DoLS) as at 31 March, where the authorisation has been granted? | 23 |

## Fees Charged

| | |
|---|---|
| The minimum weekly fee payable during the last financial year? | 1890.59 |
| The maximum weekly fee payable during the last financial year? | 3455.95 |
| If you wish to add further detail or comment regarding the scale of charges please do so below | |

## Complaints

Service complaints and arrangements for consulting people who use the service

| | |
|---|---|
| Total number of formal complaints made during the last financial year | 0 |
| Number of active complaints outstanding | 0 |
| Number of complaints upheld | 0 |
| Number of complaints partially upheld | 0 |
| Number of complaints not upheld | 0 |
| Is the information about complaints correct? | Yes |

**Please Note!** When adding information to text fields, please ensure that you do not include any inflammatory language, personal data or information about individual people by which they can be identified, either by name or any other identifying factors. For guidance on what is personal data and identifying factors, please see the guidance on the Information Commissioner website.

| | |
|---|---|
| What arrangements were made for consulting people who use the service about the operation of the service during the last financial year?.<br><br>If available, this field has been pre-filled with last year's Annual Return data. Please review the information and make any necessary changes. | The Managers of SS hold service user meetings to find the views of the people we support. Where the person has an advocate, their views will be sought. Where the person lacks the capacity to tell us their views we will seek the advice of their family to find what the service user would have felt/thought. The Named Nurses will seek their views about their satisfaction with care in monthly support plan reviews. Views of their external MDT including best interests assessors in the DoLS process will also be sought regarding the persons satisfaction with their care. Care staff will on an ad-hoc basis work to find their satisfaction with the service we provide through daily interactions/activities/excursions. The RI visits SS regularly on an informal basis, and will talk with people in SS about their satisfaction with the care/support they receive. Where the person lacks the capacity to do so, they seek other sources for this information. |

## Service Environment

Food hygiene provision. This information will not be included in the published Annual Return.

| | |
|---|---|
| Are you registered as a food business with your local authority? | No |

## Statement of Compliance

| | |
|---|---|
| Set out your statement of compliance with regulations made under section 27(1) of the Regulation and Inspection of Social Care (Wales) Act 2016 (the 2016 Act) by selecting the most appropriate statement. | **Inspected - Delivering Quality Care**<br><br>During the reporting period, Care Inspectorate Wales visited our service. We're proud their findings show we provide safe, effective, and supportive care for the people who use our services, meeting the required standards under section 27(1) of the Regulation and Inspection of Social Care (Wales) Act 2016.<br><br>We also carry out regular reviews to make sure the care and support we offer continues to meet people's needs and helps them achieve positive outcomes. |

In accordance with the Regulated Services (Annual Returns) (Wales) Regulations 2017 only the Responsible Individual designated for the Service can complete the Service Declaration. Where this is not possible, then another Responsible Individual within the Service Provider (or another organisational officer not designated as the RI) will need to indicate this fact within the Service Declaration for that Service. Online assistants are not permitted to complete the declarations.

If for any reason you are unable to complete the declaration section e.g. there are no Responsible Individuals or organisation officers associated to the service with the requisite permissions, please contact the support team on 0300 7900 126 and select Option 4, when prompted to do so

**Please Note!** The declaration for this service has been completed. You will be required to complete the declaration again if any details change within your Annual Return.

☑ I declare that I have read and agree with the information contained in this Annual Return relating to the service for which I have been designated as the Responsible Individual

## Service Profile

## Service Details

We want to ensure the information held by CIW on the legal register is accurate and up to date. Please check the following information about the service and answer all questions.

| | |
|---|---|
| Name of Service | St Albans Nursing Home |
| Is the registered service name correct? | Yes |
| The number of people you are registered to provide care and support for: | 40 |
| Is the number of people you are registered to provide care and support for correct? | Yes |

| | |
|---|---|
| Primary address from where the service is being delivered from is: | St. Albans Care Home, Swinton Street, Cardiff, CF24 2NT |
| Is the registered service address correct? | Yes |

The information displayed below details your service's contact details, agreed consent and preferred language of communication. Please check the information held by CIW is correct.

**PLEASE NOTE:** if the information is incorrect you will be unable to edit this information directly here. Please answer 'No' to 'Are the service's contact details, agreed consent and preferred language of communication correct?' and follow the onscreen instructions to update your service profile.

| | |
|---|---|
| Service Telephone Number | 02920472161 |
| Service Contact Email Address | Rodreck.Chipezeze@ivolve.care |
| Website address | www.ivolve.care |
| What is the main language through which the service is provided? | English |
| Other languages used in the provision of the service | |
| Non-verbal communication methods used at the service | Assistive Technology |
| What is your preferred language of Inspection? | English |
| What is your preferred language for your published inspection report? | English |
| Facilities at the service | Access to minibus or other transport, Close to local shops / amenities, Hairdressing / beauty services, Internet access, Laundry service, Lifts, Near public transport, Number of bathrooms with assisted bathing facilities (2), Number of bedrooms with en-suite facilities (9), Number of communal lounges (2), Number of dining rooms (2), Number of shared bedrooms (0), Number of single bedrooms (39), On-site parking, Residents' kitchenette / communal kitchen, Stairlift, TV point, Wheelchair access |
| Are the service's contact details, agreed consent and preferred language of communication correct? | Yes |

## People At The Service

List of the designated Responsible Individual(s) for this regulated service.

| | |
|---|---|
| Responsible Individual(s) | Kutirai Ngundu |
| Are the Responsible Individuals correct? | Yes |

List of service manager(s) for this regulated service

| Service Managers | |
|---|---|

There are no Managers associated to this service

| | |
|---|---|
| Are the service managers correct? | Yes |

| | |
|---|---|
| The total number of full time equivalent posts at the service (as at 31 March) | 79 |

Use this section to upload the workforce information about people who work at this service.

The templates you must use are available from 'Workforce Templates' under the 'Help and Support' menu. Only these templates will be accepted when submitting workforce information about people who work at the service.

| | |
|---|---|
| Please upload your complete 'Service Workforce' | FNL - CIW Service Worforce Return 2026 St Albans.xlsx |

## Statement of Purpose

| | |
|---|---|
| We have introduced new categories of care. To ensure our records are accurate and up to date, we are asking you to review and resubmit this information as part of the Annual Return data collection..<br><br>*This information is used in the CIW directory to help people find appropriate care services.* | |
| The most recent Statement of Purpose was submitted to CIW on | 21/05/2026 |
| Does CIW currently have your most up to date Statement of Purpose? | Yes |

## Service Provision

### People Supported

| | |
|---|---|
| How many people in total did the service provide care and support to during the last financial year? | 42 |
| As per your condition of registration, this service is registered to accommodate the following number of people at this service: | 40 |
| How many places were occupied on 31 March? | 39 |
| How many places were unoccupied on 31 March? | 1 |
| Of the unoccupied places how many were available for placement on 31 March? | 0 |

How many people resident at the service on 31 March were aged:

| | |
|---|---|
| 0-17 years | 0 |
| 18-64 years | 9 |
| 65+ years | 30 |
| Is the age breakdown shown above correct? | Yes |

How many people resident at the service on 31 March were of the following sex?

This should relate to the sex recorded on a legal document of the resident such as a birth certificate, Gender Recognition Certificate, or passport.

| | |
|---|---|
| Male | 21 |
| Female | 18 |
| Is the sex breakdown shown above correct? | Yes |

How many people resident at the service on 31 March were of the following ethnic group?

This should relate to the ethnic group or background that best describes the resident, with the following providing further details on each ethnic group:

- White
  - Welsh, English, Scottish, Northern Irish or British
  - Irish
  - Gypsy or Irish Traveller
  - Roma
  - Any other White background
- Mixed/Multiple Ethnic Groups
  - White and Black Caribbean
  - White and Black African
  - White and Asian
  - Any other Mixed or multiple ethnic background
- Asian/Asian British
  - Indian
  - Pakistani
  - Bangladeshi
  - Chinese
  - Any other Asian background
- Black/Black British/Caribbean/African
  - Caribbean
  - African
  - Any other Black, Black British, or Caribbean background
- Other ethnic group
  - Arab
  - Any other ethnic group

| | |
|---|---|
| White | 39 |
| Mixed/Multiple Ethnic Groups | 0 |
| Asian/Asian British | 0 |
| Black/Black British/Caribbean/African | 0 |
| Other ethnic group | 0 |
| Is the ethnic group breakdown shown above correct? | Yes |

The number of people requiring 24hr care or are subject to Deprivation of Liberty Safeguards(DoLS). This information will not be included in the published Annual Return.

| | |
|---|---|
| Number of people assessed as requiring 24hr nursing care during the last financial year | 39 |
| The number of people subject to Deprivation of Liberty Safeguards (DoLS) as at 31 March, where the authorisation has been granted? | 35 |

## Fees Charged

| | |
|---|---|
| The minimum weekly fee payable during the last financial year? | 1306.83 |
| The maximum weekly fee payable during the last financial year? | 3147.70 |
| If you wish to add further detail or comment regarding the scale of charges please do so below | |

## Complaints

Service complaints and arrangements for consulting people who use the service

| | |
|---|---|
| Total number of formal complaints made during the last financial year | 2 |
| Number of active complaints outstanding | 0 |
| Number of complaints upheld | 1 |
| Number of complaints partially upheld | 1 |
| Number of complaints not upheld | 0 |
| Is the information about complaints correct? | Yes |

**Please Note!** When adding information to text fields, please ensure that you do not include any inflammatory language, personal data or information about individual people by which they can be identified, either by name or any other identifying factors. For guidance on what is personal data and identifying factors, please see the guidance on the Information Commissioner website.

| | |
|---|---|
| What arrangements were made for consulting people who use the service about the operation of the service during the last financial year?.<br><br>If available, this field has been pre-filled with last year's Annual Return data. Please review the information and make any necessary changes. | The Managers of SA hold service user meetings to find the views of the people we support. Where the person has an advocate, their views will be sought. Where the person lacks the capacity to tell us their views we will seek the advice of their family to find what the service user would have felt/thought. The Named Nurses will seek their views about their satisfaction with care in monthly support plan reviews. Views of their external MDT including best interests assessors in the DoLS process will also be sought regarding the persons satisfaction with their care. Care staff will on an ad-hoc basis work to find their satisfaction with the service we provide through daily interactions/activities/excursions. The RI visits SA regularly on an informal basis, and will talk with people in SA about their satisfaction with the care/support they receive. Where the person lacks the capacity to do so, they seek other sources for this information. |

## Service Environment

Food hygiene provision. This information will not be included in the published Annual Return.

| | |
|---|---|
| Are you registered as a food business with your local authority? | No |

## Statement of Compliance

| | |
|---|---|
| Set out your statement of compliance with regulations made under section 27(1) of the Regulation and Inspection of Social Care (Wales) Act 2016 (the 2016 Act) by selecting the most appropriate statement. | **Inspected - Areas for Improvement**<br><br>Care Inspectorate Wales inspected our service during the reporting period and highlighted areas where we needed to strengthen our approach to meet the required standards under section 27(1) of the 2016 Act.<br><br>We are working to make improvements, so people receive the best possible care and support. Our ongoing reviews help us keep improving and ensure people's experiences remain positive. |

In accordance with the Regulated Services (Annual Returns) (Wales) Regulations 2017 only the Responsible Individual designated for the Service can complete the Service Declaration. Where this is not possible, then another Responsible Individual within the Service Provider (or another organisational officer not designated as the RI) will need to indicate this fact within the Service Declaration for that Service. Online assistants are not permitted to complete the declarations.

If for any reason you are unable to complete the declaration section e.g. there are no Responsible Individuals or organisation officers associated to the service with the requisite permissions, please contact the support team on 0300 7900 126 and select Option 4, when prompted to do so

**Please Note!** The declaration for this service has been completed. You will be required to complete the declaration again if any details change within your Annual Return.

- [x] I declare that I have read and agree with the information contained in this Annual Return relating to the service for which I have been designated as the Responsible Individual

## Declare & Submit

**Please Note!** Important: You do not have the required permissions to complete this section or submit the provider's Annual Return.

Any Responsible Individual (or another organisational officer not designated as the RI) within the Service Provider is permitted to complete the Service Provider Declaration and Submit the completed Annual Return to CIW

- [x] I declare the information provided within this Annual Return is true to the best of my knowledge.

**Please Note!** In completing this form, you agree that the publication of any information you provide in your responses is compliant with UK GDPR.

- [x] I confirm the information I have provided does not include any inflammatory language, personal data, or information by which an individual can be identified. I understand the information provided will be published by CIW and I am satisfied that any information I have provided is compliant with UK GDPR for this purpose.