


DCOP Partnership	Health Information and Quality Authority (HIQA) Application to register a designated centre for older people (DCOP)	 Health Information and Quality Authority <small>An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte</small>
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Designated centre name (Max. 100 Characters)	
Centre ID (OSV)	
Partnership's name	

Please check this registration pack applies to you.

You should make sure:

- You are applying to **register** a designated centre.
- The applicant is a **partnership**.
- You are providing a residential service for **older people** (DCOP).

This registration pack is made up of three sections.


We will process your application on receipt of:

- **Section 1.** Application Form (including statement of purpose and floor plans), and
- **Section 2.** Application Fee.

Your application should also be accompanied by:

- **Section 3.** Prescribed Information.

Please read our guidance when completing each section. Our guidance is available to download from our website www.hiqa.ie.

DCOP Section 1	Health Information and Quality Authority Application Form	 Health Information and Quality Authority <small>An tÚdarás Um Fhaisnéis agus Caillocht Sláinte</small>
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Section 1.1 Designated centre details	
Centre address	
Eircode	
Centre phone number	
Fax number (if applicable)	N/A <input type="checkbox"/>
Website (if applicable)	N/A <input type="checkbox"/>
Proposed date of establishment (if applicable)	N/A <input type="checkbox"/>
What is the number of beds at the designated centre you are applying to register ?	

Section 1.1 Designated centre details

What is the **category** of designated centre? Please **tick** one or more boxes:

- A nursing home as defined in section 2 of the Health (Nursing Home) Act 1990. ☐
- A person who has an arrangement under section 38 of the Health Act 2004 to provide a personal social service on behalf of the HSE. ☐
- A person who is in receipt of assistance under section 39 of the Health Act 2004. ☐
- Other ☐

If you have ticked "Other" or if you have ticked more than one option above, please provide further details:

Please tick if you are a registered charity:

☐

Section 1.2 Facilities and Services

Please state if the designated centre comprises one or more **buildings**? Please tick **one** box and complete either subsection 1.2.1 **or** subsection 1.2.2

Subsection 1.2.1	Designated centre is comprised of one building.	<input type="checkbox"/>
Subsection 1.2.2	Designated centre is comprised of more than one building.	<input type="checkbox"/>

Subsection 1.2.1 Designated centre is comprised of **one** building

Is the applicant owner or tenant?	Owner <input type="checkbox"/>	Tenant <input type="checkbox"/>
If you ticked tenant , please state the owner's name and address (including Eircode).		
Please state the start and end date of the lease agreement	Start date	End date
Will the applicant or any staff member reside at the designated centre?	Applicant	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Staff member	Yes <input type="checkbox"/> No <input type="checkbox"/>

If the designated centre is comprised of one building, **do not complete subsection 1.2.2 or subsection 1.2.3**, please go to section 1.3 (page 8).

Subsection 1.2.2 Designated centre is comprised of **more** than one building

How many buildings does the designated centre comprise?	
Please complete ' subsection 1.2.3 building details ' for each building where the designated centre is comprised of more than one building.	

Subsection 1.2.3 Building details

Building 1.

Building address			
Eircode			
Number of beds in this building you are applying to register			
Is the applicant owner or tenant?	Owner <input type="checkbox"/>	Tenant <input type="checkbox"/>	
If you ticked tenant , please state the owner's name and address			
Eircode			
Please state the start and end dates of the lease agreement	Start date	End date	
Will the applicant or any staff member reside at the building?	Applicant	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Staff member	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Subsection 1.2.3 Building details (cont.)

Building 2.

Building address		
Eircode		
Number of beds in this building you are applying to register		
Is the applicant owner or tenant?	Owner <input type="checkbox"/>	Tenant <input type="checkbox"/>
If you ticked tenant , please state the owner's name and address		
Eircode		
Please state the start and end dates of the lease agreement	Start date	End date
Will the applicant or any staff member reside at the building?	Applicant	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Staff member	Yes <input type="checkbox"/> No <input type="checkbox"/>

Subsection 1.2.3 Building details (cont.)

Building 3.

Building address		
Eircode		
Number of beds in this building you are applying to register		
Is the applicant owner or tenant?	Owner <input type="checkbox"/>	Tenant <input type="checkbox"/>
If you ticked tenant , please state the owner's name and address		
Eircode		
Please state the start and end dates of the lease agreement	Start date	End date
Will the applicant or any staff member reside at the building?	Applicant	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Staff member	Yes <input type="checkbox"/> No <input type="checkbox"/>

If your designated centre comprises of more than three buildings, please continue on a separate photocopy of section 1.2.3.

Section 1.3 Applicant (Partnership)

Partnership name		
Email (for billing purposes)*		
Subsection 1.3.1		
Has the partnership submitted their partnership details with another application to register?	Yes	No
If you ticked 'Yes'	Please go to subsection 1.3.2 (page 8)	
If you ticked 'No'	Please go to subsection 1.4.1 (page 9), subsection 1.4.2 (page 10) and subsection 1.4.3 (page 11).	
Subsection 1.3.2		
Has there been any change to the partnership information previously submitted to us?	Yes	No
If you ticked 'Yes'	Please go to section 1.4 (page 9) and complete the section in full including updated information, subsection 1.4.1 (page 9), subsection 1.4.2 (page10) and subsection 1.4.3 (page 11).	
If you ticked 'No'	Please go to section 1.4.1 (page 9), complete section 1.4.1, then go to section 1.5 (page 12).	

* You can specify a separate email address for the payment of the annual fee. If this is blank it will be sent to the registered provider email address.

Section 1.4 Applicant's details (Partnership)

Address of the principle place of business of the partnership	
Eircode	
Phone number of the principle place of business of the partnership	
Email address of the partnership	
Number of partners in the partnership?	
Subsection 1.4.1 Registered Provider Representative*	
Name of the registered provider representative	(Title, Name, Surname)
Business phone number for the registered provider representative (during office hours)	
Business mobile number for the registered provider representative	
Business email address for the registered provider representative	

* For a definition of the 'Registered Provider Representative' please read our guidance available to download from our website www.higa.ie.

Subsection 1.4.2 Partnership authorisation

Please select from **one** of the following options.

1.	Each partner named in this section is independently authorised to act on behalf of the partnership.	<input type="checkbox"/>
2.	All partners must jointly act on behalf of the partnership.	<input type="checkbox"/>

Please state the name or names of the partner or partners that have been authorised by the partnership to act on behalf of the partnership.

Name	Surname
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

Please continue on a separate photocopy of this section, if necessary.

Subsection 1.4.3 Partnership authorisation declaration

All partners must sign the partnership authorisation declaration

We, the undersigned partners, authorise each partner named in subsection 1.4.2 (page 10) to act on behalf of the partnership in relation to the registration or renewal of registration of a designated centre.

Title, Name, Surname	Signature	Date
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

Please continue on a separate photocopy of this section, if necessary.

Section 1.5 Management and staff details

Name of the person in charge [†] of the designated centre	
Name or names of each person participating in management [†] at the designated centre Please continue on a separate photocopy of this section, if necessary.	

[†] Please read our guidance for the definition of a person in charge and a person participating in management. Our guidance is available to download from our website www.hiqa.ie.

Section 1.6 Contact person

Name of the contact person [‡] (for the purpose of processing the registration pack)	
Business phone number (during office hours)	
Business mobile number (optional)	
Business email address	
What is the person's role ?	

Section 1.7 Information you must submit with your application form

A complete [§] application must include the following information.	Enclosed
1. A copy of final floor plans as-built to scale, for each building that comprises the designated centre. On the plans you must: <ul style="list-style-type: none"> ▪ Outline in red all parts of the designated centre. ▪ Outline in blue all overnight accommodation (bedrooms).^{**} 	<input type="checkbox"/>
2. You must enclose a copy of the statement of purpose and function with this application.	<input type="checkbox"/>
3. You must enclose proof of payment of application fees in the form of an Electronic Funds Transfer (EFT) with this application.	<input type="checkbox"/>

[‡] Please read our guidance for the definition of a contact person. Our guidance is available to download from our website www.hiqa.ie.

[§] You must submit a complete application as per the Health Act 2007 and regulations thereunder.

^{**}For more detailed guidance please refer to the Registration renewal and variation application handbook which is available on our website www.hiqa.ie

Section 1.8 Readiness of site for assessment and decision

By ticking this box the applicant confirms that at the time this application is submitted the site is ready for assessment and decision**

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Please note that in the event that the site is not ready for assessment and decision the application will be refused.


Section 1.9 Declaration by the applicant (Partnership)

I, the undersigned, having been authorised to do so, declare on behalf of the partnership, that the information I have provided in this application form is true to the best of my knowledge and belief.

Name (print)	
Position	Partner <input type="checkbox"/> Authorised signatory for and on behalf of the partnership ^{††} <input type="checkbox"/>
Signed	
Date	
Contact number (during office hours)	

** For more detailed guidance please refer to the Registration renewal and variation application handbook which is available on our website www.hiqa.ie.

†† A letter of authorisation notifying the Chief Inspector of the appointment of an authorised signatory must be sent by post in advance of the authorised signatory exercising signing authority. This letter must contain certain information which is set out in our Regulatory Notice which is available to download from our website www.hiqa.ie

DCOP Section 2	Health Information and Quality Authority Application Fee^{††}	 Health Information and Quality Authority <small>An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte</small>
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Section 2.1 How much is the application fee?

The application fee must accompany your application.	Paid	Date paid
Application to register	€500	<input type="checkbox"/>


Section 2.2 How to pay the application fee?

You should:

- **Pay** via Electronic Funds Transfer (EFT).
- **Quote** the following information to the bank when making your payment.

Centre ID (OSV)	This number has been issued to you by HIQA
Centre name	Name of the designated centre
Account name	Health Information and Quality Authority
Bank name and address	Danske Bank, 3 Harbourmaster Place, IFSC, Dublin 1, D01 K8F1
Bank sort code	95-15-99
Account number	80006688
IBAN	IE94 DABA 9515 9980 0066 88
Swift/BIC	DABA IE 2D

^{††} Each application form must be accompanied by an application fee as per the Health Act 2007 and regulations thereunder.

DCOP Section 3	Health Information and Quality Authority Prescribed Information	 Health Information and Quality Authority <small>An tÚdarás Um Fhaisnéis agus Cálíocht Sláinte</small>
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Section 3.1 Prescribed information for the applicant (Partnership)		
The following prescribed information must accompany your application form:	Enclosed	Recently submitted
1. Copy of photo identification for each partner.	<input type="checkbox"/>	<input type="checkbox"/>
2. HIQA National Vetting Bureau Invitation Form completed by each partner. ^{§§}	<input type="checkbox"/>	<input type="checkbox"/>
3. Details of any previous experience by the partners of carrying on the business of a designated centre (if applicable). n/a <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If you have ticked the ' recently submitted ' box above please provide the centre name, centre ID (OSV), and the date the documentation was submitted. ^{***}		

^{§§} HIQA National Vetting Bureau Form to be completed by each partner is enclosed with your registration pack.

^{***} Please read our guidance for an explanation of recently submitted and valid documentation. Our guidance is available to download from our website www.hiqa.ie.

Section 3.2 Prescribed information for the person in charge (PIC)

The following prescribed information for the PIC must accompany your application form:	Enclosed	Recently submitted
1. Personal information form. ^{†††}	<input type="checkbox"/>	<input type="checkbox"/>
2. Copy of current photo identification.	<input type="checkbox"/>	<input type="checkbox"/>
3. Copy of a current Garda vetting disclosure for the person.	<input type="checkbox"/>	<input type="checkbox"/>
4. Copy of the person's relevant qualifications as identified in the personal information form.	<input type="checkbox"/>	<input type="checkbox"/>
<p>If you have ticked the 'recently submitted' box above, please provide the centre name, centre ID (OSV), and the date the documentation was submitted.^{†††}</p>		

^{†††} Personal information form is enclosed with your registration pack.

^{†††} Please read our guidance for an explanation of recently submitted and valid documentation. Our guidance is available to download from our website www.hiqa.ie

Section 3.3 Prescribed information for each person participating in management (PPIM)

The following prescribed information for each PPIM must accompany your application form:	Enclosed	Recently submitted
1. Personal information form. ^{§§§}	<input type="checkbox"/>	<input type="checkbox"/>
2. Copy of current photo identification.	<input type="checkbox"/>	<input type="checkbox"/>
3. Copy of a current Garda vetting disclosure for the person.	<input type="checkbox"/>	<input type="checkbox"/>
4. Copy of the person's relevant qualifications as identified in the personal information form.	<input type="checkbox"/>	<input type="checkbox"/>

If you have ticked the '**recently submitted**' box above, please provide the centre name, centre ID (OSV), and the date the documentation was submitted.^{****}

^{§§§} Personal information form is enclosed with your registration pack.

^{****} Please read our guidance for an explanation of recently submitted and valid documentation. Our guidance is available to download from our website www.hiqa.ie.

You should **post** your registration pack to:

Registration Office

Regulatory Support Services

Health Information and Quality Authority

Unit 1301, City Gate

Mahon, Cork

T12 Y2XT

Telephone no: (021) 240 9340

Email: registration@hiqa.ie