

DCOP Unincorporated body	Health Information and Quality Authority (HIQA) Application to register a designated centre for older people (DCOP)	
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Designated centre name (Max. 100 Characters)	
Centre ID (OSV)	
Applicant's name (unincorporated body'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 an **unincorporated body**.
- 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	 <p>Health Information and Quality Authority An tÚdarás Um Fhaisnéis agus Cállocht Sláinte</p>
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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** all relevant 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.

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

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

Is the applicant owner or tenant?

Owner

Tenant

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 No

Staff member

Yes No

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 (unincorporated body)

Unincorporated body's name		
Email (for billing purposes)*		
Subsection 1.3.1		
Has the unincorporated body submitted their 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 section 1.4 (page 9).	
Subsection 1.3.2		
Has there been any change to the 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.	
If you ticked ' No '	Please go to section 1.4.1 (page 11).	

* 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 (unincorporated body)

Address of the office of the unincorporated body	
Eircode	
Phone number of the office of the unincorporated body	
Email address of the unincorporated body	
Name of the Manager or Chairperson of the unincorporated body.	(Title, Name, Surname)
Business address of the manager or chairperson (including Eircode)	
Business phone number of the manager or chairperson	
Business mobile number (optional)	
Business email address of the manager or chairperson	

Section 1.4 Applicant's details (unincorporated body)

What is the **number of members** of the unincorporated body's committee of management or other controlling body?

Please state the **name of each** member of the committee of management or other controlling body.

Title	Name	Surname
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		

Section 1.4 Applicant's details (unincorporated body)

Title	Name	Surname
15.		
16.		
17.		
18.		
19.		
20.		

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.hiqa.ie.

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 form 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.**

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 (unincorporated body)

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

Name (print)	
Position	Member of the committee of management or other controlling authority of the unincorporated body <input type="checkbox"/>
	Authorised signatory for and on behalf of the unincorporated body ^{††} <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^{††}	 <p>Health Information and Quality Authority An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte</p>
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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 Cállocht Sláinte</small>
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Section 3.1 Prescribed information for the applicant (unincorporated body)		
The following prescribed information must accompany your application form:	Enclosed	Recently submitted
1. Proof of identity of the unincorporated body. ^{§§}	<input type="checkbox"/>	<input type="checkbox"/>
2. Unincorporated body self-declaration form. ^{***}	<input type="checkbox"/>	<input type="checkbox"/>
3. Details of any previous experience of the unincorporated body carrying on the business of a designated centre (if applicable). n/a	<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. ^{†††}		

^{§§} Please read our guidance for details of what we will accept as proof of identity for the unincorporated body.

^{***} Unincorporated body self-declaration 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 3.2 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"/>

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.higa.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.higa.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