

<b>DCOP Statutory body</b>	<b>Health Information and Quality Authority (HIQA)</b> Application to <b>renew</b> registration of a designated centre for <b>older people</b> (DCOP)	 <p>Health Information and Quality Authority <small>An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte</small></p>
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Designated centre name (Max. 100 Characters)	
Registered provider name (Statutory body name)	
Centre ID (OSV)	
Current registration number	
Registration expiry date	

### Please check this registration pack applies to you.

You should make sure:

- You are applying to **renew** your current registration.
- The **statutory body** is currently registered as the registered provider carrying on the business of the designated centre.
- You are providing a residential service for **older people** (DCOP).

### Your registration pack to renew registration 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](http://www.hiqa.ie).

<b>DCOP</b> <b>Section 1</b>	Health Information and Quality Authority <b>Application form</b>	 <b>Health Information and Quality Authority</b> <small>An tÚdarás Um Fhaisnéis agus Cállocht 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"/>
<b>Date</b> the centre was established (if applicable)	N/A <input type="checkbox"/>
What is the number of <b>beds</b> at the designated centre you are <b>applying to renew</b> ?	
Are you applying to register <b>new beds</b> with this application?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If <b>yes</b> , please state the number of additional beds you wish to register.	

## 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
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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 7).

### 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		
<b>Building 1.</b>		
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 <b>tenant</b> , 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 <b>tenant</b> , 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 <b>tenant</b> , 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 Registered provider details (Statutory body)

<b>Name</b> of statutory body	
<b>Address</b> of the office of the statutory body	
Eircode	
<b>Phone</b> number of the office of the statutory body	
<b>Email</b> address of the statutory body	
<b>Email</b> (for billing purposes) <sup>1</sup>	

#### Subsection 1.3.1 Registered Provider Representative<sup>2</sup>

<b>Name</b> of the registered provider representative	(Title, Name, Surname)
<b>Business phone</b> number for the registered provider representative (during office hours)	
<b>Business mobile</b> number for the registered provider representative	

<sup>1</sup> 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.

<sup>2</sup> For a definition of the 'Registered Provider Representative' please read our guidance available to download from our website [www.hiqa.ie](http://www.hiqa.ie)

<b>Business email</b> address for the registered provider representative	
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<b>Section 1.4 Person responsible for the application<sup>3</sup> on behalf of the statutory body</b>	
<b>Name</b> of the person responsible on behalf of the statutory body	(Title, Name, Surname)
<b>Role</b> in relation to the designated centre	
<b>Business address</b> of the person responsible	
Eircode	
<b>Business phone</b> number of the person responsible (during office hours)	
<b>Business mobile</b> number (optional)	
<b>Business email</b> address of the person responsible	

<sup>3</sup> Please read our guidance for a definition of the person responsible for the application on behalf of the statutory body. Our guidance is available to download from our website [www.hiqa.ie](http://www.hiqa.ie).

**Section 1.5 Management and staff details**

Name of the **person in charge**<sup>4</sup> of the designated centre

Name or names of each **person participating in management**<sup>‡</sup> at the designated centre

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

<sup>4</sup> 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](http://www.hiqa.ie).

## Section 1.6 Contact person

<b>Name</b> of the contact person <sup>5</sup> (for the purpose of processing the registration pack)	
<b>Business phone</b> number (during office hours)	
<b>Business mobile</b> number (optional)	
<b>Business email</b> address	
What is the person's <b>role</b> ?	

## Section 1.7 Information you must submit with your application form

A complete <sup>6</sup> application must include the following information.	Enclosed
1. A copy of final <b>floor plans</b> as built to scale, for each building that comprises the designated centre. On the plans you must: <ul style="list-style-type: none"> <li>▪ Outline in <b>red</b> all parts of the designated centre.</li> <li>▪ Outline in <b>blue</b> all overnight accommodation (bedrooms).<sup>7</sup></li> </ul>	<input type="checkbox"/>
2. You must enclose a <b>copy of the statement of purpose and function</b> with this application.	<input type="checkbox"/>
3. You must enclose <b>proof of payment of application fees</b> in the form of an <b>Electronic Funds Transfer (EFT)</b> with this application.	<input type="checkbox"/>

<sup>5</sup> Please read our guidance for the definition of a contact person. Our guidance is available to download from our website [www.hiqa.ie](http://www.hiqa.ie).

<sup>6</sup> You must submit a complete application as per the Health Act 2007 and regulations thereunder.

<sup>7</sup> For more detailed guidance please refer to the Registration renewal and variation application handbook which is available on our website [www.hiqa.ie](http://www.hiqa.ie).

**Section 1.8 Declaration by the registered provider**

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

Name (print)	
Position	Person responsible <input type="checkbox"/>
Signed	
Date	
Contact number (during office hours)	

<b>DCOP</b> <b>Section 2</b>	Health Information and Quality Authority <b>Application fee<sup>8</sup></b>	 <b>Health Information and Quality Authority</b> <small>An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte</small>
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### Section 2.1 What is the application fee?

The application fee <b>must</b> accompany your application.		Paid	Date paid
Application to renew	€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

<sup>8</sup> Each application must be accompanied by the application fee as per the Health Act 2007 and regulations thereunder.

<b>DCOP</b> <b>Section 3</b>	Health Information and Quality Authority <b>Prescribed information</b>	 <p>Health Information and Quality Authority          An tÚdarás Um Fhaisnéis agus Cállocht Sláinte</p>
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You must complete either section 3.1 (page 14) **or** section 3.2 (page 15).

Please tick **one** box and go to the associated section.

<b>Section 3.1</b>	There has been <b>no change</b> in the prescribed information supplied with the previous application. <input type="checkbox"/>
<b>Section 3.2</b>	A statement of each change, where there <b>has been a change</b> to prescribe information supplied with the previous application. <input type="checkbox"/>

### Section 3.1 There has been no change in the prescribed information supplied with the previous application

The following prescribed information <b>must</b> accompany your application to renew form, unless recently submitted.	Enclosed	Recently submitted
1. <b>Copy of a current</b> Garda vetting disclosure for the person in charge.	<input type="checkbox"/>	<input type="checkbox"/>
2. <b>Copy of a current</b> Garda vetting disclosure for each person participating in management.	<input type="checkbox"/>	<input type="checkbox"/>
If you have ticked the ' <b>recently submitted</b> ' box above, please provide the centre name, centre ID (OSV), and date the documentation was submitted. <sup>9</sup>		

<sup>9</sup> 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](http://www.hiqa.ie).

### Section 3.2 A statement of each change, where there has been a change to prescribed information supplied with the previous application

Has there been a <b>change</b> to the prescribed information for the <b>registered provider</b> ? Please tick either the 'Yes' or 'No' box:	Yes	No
1. Proof of identity for the person responsible on behalf of the statutory body.	<input type="checkbox"/>	<input type="checkbox"/>
2. Details of any previous experience by the statutory body of carrying on the business of a designated centre or similar service.	<input type="checkbox"/>	<input type="checkbox"/>
Has there been a <b>change</b> to the prescribed information for the <b>person in charge</b> ? Please tick either the 'Yes' or 'No' box:	Yes	No
1. Information supplied in the personal information form.	<input type="checkbox"/>	<input type="checkbox"/>
2. Photo identification.	<input type="checkbox"/>	<input type="checkbox"/>
3. Relevant qualifications.	<input type="checkbox"/>	<input type="checkbox"/>
Has there been a <b>change</b> to the prescribed information for any <b>person participating in management</b> ? Please tick either the 'Yes' or 'No' box:	Yes	No
1. Information supplied in the personal information form. <sup>***</sup>	<input type="checkbox"/>	<input type="checkbox"/>
2. Photo identification.	<input type="checkbox"/>	<input type="checkbox"/>
3. Relevant qualifications.	<input type="checkbox"/>	<input type="checkbox"/>

\*\*\* Personal information form is enclosed with your registration pack.

### Section 3.2 A statement of each change, where there has been a change to prescribed information supplied with the previous application

In addition to a statement of each change, the following prescribed information must accompany your application to renew form, unless recently submitted.	Enclosed	Recently submitted
1. <b>Updated</b> prescribed information that has been changed since the previous application.	<input type="checkbox"/>	<input type="checkbox"/>
2. <b>Copy of a current</b> Garda vetting disclosure for the person in charge.	<input type="checkbox"/>	<input type="checkbox"/>
3. <b>Copy of a current</b> Garda vetting disclosure for each person participating in management.	<input type="checkbox"/>	<input type="checkbox"/>

If you have ticked the '**recently submitted**' box above, please provide the centre name, centre ID (OSV), and date the documentation was submitted.<sup>10</sup>

<sup>10</sup> 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](http://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](mailto:registration@hiqa.ie)