

Health Information and Quality Authority
designated centre for people with disabilities (DCD)

Application to **vary or remove**¹ a condition or
conditions of registration



Application by a registered provider

Centre Name	
Centre ID	(OSV)

¹ Under section 52 of the Health Act 2007, a registered provider carrying on the business of a designated centre may apply to the chief inspector for the variation or removal of any condition of the registration of the designated centre.

Section 1. Application type

Type of application		For official use
Is your application to vary or remove a condition or conditions of registration?		<input type="checkbox"/>
Vary <input type="checkbox"/>	Remove <input type="checkbox"/>	<input type="checkbox"/>
Please state the number of conditions you wish to vary or remove		<input type="checkbox"/>
Please state the proposed date you intend the change to take effect		<input type="checkbox"/>
Does your application involve change to the current "foot print" ² of the designated centre		For official use
Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>

² This refers to the outline of the designated centre currently registered as per floor plans previously submitted to the Authority.

Section 2. Application details

Please state each condition or conditions you wish to vary or remove and the reason for this application		For official use
Condition Number []	Condition:	<input type="checkbox"/>
Reason for the application:		<input type="checkbox"/>
Condition Number []	Condition:	<input type="checkbox"/>
Reason for the application:		<input type="checkbox"/>

Please state each condition or conditions you wish to vary or remove and the reason for this application		For official use
Condition Number []	Condition:	<input type="checkbox"/>
Reason for the application:		<input type="checkbox"/>
Condition Number []	Condition:	<input type="checkbox"/>
Reason for the application:		<input type="checkbox"/>

Section 3. Proposed changes

<p>Please provide specific details of the actions you have undertaken to support this application, including:</p> <ol style="list-style-type: none">1. Structural changes to the premises that are used as a designated centre2. Additional staff, facilities or equipment and3. Changes to the management of the centre.	For official use
	<input type="checkbox"/>

Section 4. Residents

Please outline the steps taken to ensure this change will not negatively impact on residents	For official use
	<input data-bbox="1313 1155 1353 1189" type="checkbox"/>

Section 5. Additional documentation

Please submit the following additional documentation with your application		For official use
1.	Two copies of final Floor Plans as-built to scale. These are not required to be drawn up by an architect, or to planning authority standard. 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.	A copy of your Statement of Purpose and Function with proposed changes	<input type="checkbox"/>
3.	Application fee (non refundable) <ul style="list-style-type: none"> ▪ €500 major³ variation ▪ €100 minor variation ▪ €100 to remove a condition 	<input type="checkbox"/>

How to pay:

You must pay the application fee by electronic funds transfer (EFT). Quote the following information to the bank when making your payment, failure to quote these details may result in non payment:

Account name:	Health Information and Quality Authority
Bank name and address:	Ulster Bank Ltd., Midleton Cork Branch, 95 Main Street, Midleton, Co Cork
Bank sort code:	98-54-90
Account number:	01002186
IBAN:	IE96 ULSB 9854 9001 0021 86
Swift/BIC:	ULSB IE 2D

³ Major and minor variations are determined by the Inspector's requirement to carry out a site visit that is to say applications where there is a structural change to the designated centre will be a major variation.

Centre ID:	Your Centre ID is identified on your registration certificate and begins with the letters "OSV"
Centre Name	This is the name of the designated centre

Section 6. Registered provider declaration

I declare that, to the best of my knowledge and belief;

- All of the information that I have given in connection with this application is full and correct in every respect.
- I undertake to supply any additional information that may be required by the Chief Inspector to verify the particulars given and also to inform the Chief Inspector immediately of any alterations in these particulars.
- I am aware that it is an offence under the Health Act 2007 to provide false or misleading information.

To be signed by the registered provider		For official use
Name (print)		<input type="checkbox"/>
Position		<input type="checkbox"/>
Signed		<input type="checkbox"/>
Date		<input type="checkbox"/>

Applicants checklist

Your registration pack must include the following for us to process your application

1.	Application form	<input type="checkbox"/>
2.	Floor plans	<input type="checkbox"/>
3.	Statement of purpose	<input type="checkbox"/>
4.	Proof of application fee payment	<input type="checkbox"/>

Please return your complete registration pack to:

Registration Office
Health Information and Quality Authority
Unit 1301
City Gate
Mahon
Cork

Email: registration@hiqa.ie

Telephone: 021 240 9340