



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Registration, renewal and variation application handbook

Guidance for registered providers completing a
registration application pack.

June 2017

Safer Better Care

About the Health Information and Quality Authority

The Health Information and Quality Authority (HIQA) is an independent authority established to drive high-quality and safe care for people using our health and social care services in Ireland. HIQA's role is to develop standards, inspect and review health and social care services and support informed decisions on how services are delivered.

HIQA aims to safeguard people and improve the safety and quality of health and social care services across its full range of functions.

HIQA's mandate to date extends across a specified range of public, private and voluntary sector services. Reporting to the Minister for Health and the Minister for Children and Youth Affairs, HIQA has statutory responsibility for:

- **Setting Standards for Health and Social Services** — Developing person-centred standards, based on evidence and best international practice, for health and social care services in Ireland.
- **Regulation** — Registering and inspecting designated centres.
- **Monitoring Children's Services** — Monitoring and inspecting children's social services.
- **Monitoring Healthcare Safety and Quality** — Monitoring the safety and quality of health services and investigating as necessary serious concerns about the health and welfare of people who use these services.
- **Health Technology Assessment** — Providing advice that enables the best outcome for people who use our health service and the best use of resources by evaluating the clinical effectiveness and cost-effectiveness of drugs, equipment, diagnostic techniques and health promotion and protection activities.
- **Health Information** — Advising on the efficient and secure collection and sharing of health information, setting standards, evaluating information resources and publishing information about the delivery and performance of Ireland's health and social care services.

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Section 1 Application form

The information that is requested in the application form is required by law and is set out in:

- Schedule 1 and Schedule 2 of the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, as amended, and
- Schedule 1 of the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 as amended.

In addition please note, any Application to Register a new designated centre must have complete information regarding how the provider intends to comply with the Regulations, including:-

- Assurance that the premises are in a fit state to accept residents should an application be successful and ready for a site visit in order to assess compliance with the Regulations.

In cases whereby the required information is deemed not to be in a satisfactory state by which to make a proposed decision, the application shall be refused.

Please complete this section as per the following guidance. If your application form is not completed correctly, we will not be able to process your registration pack.

Cover page of the application form

You should ensure you are completing the correct application form. The cover page of the form identifies the entity type, application type, and service type. The following image is an example of an application for a company to register a designated centre for persons with disabilities.

DCD Company	Health Information and Quality Authority Application to register a designated centre for persons (children and adults) with disabilities (DCD)	 Health Information and Quality Authority An tÚdarás Um Fhaisnéis agus Callocht Sláinte
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Designated centre name — The name you provide here is the name that your designated centre will be known and registered as with the office of the Chief Inspector. Please use the same name consistently across all documentation you submit to us.

Centre ID (OSV) — This is the designated centre’s identification reference number issued to you by the Registration Office. ‘OSV’ refers to our internal system. The format of the centre ID is ‘OSV-000**9999**’. Please reference your centre ID on all documentation you submit to us.

A **new** designated centre that is **not** on the register of designated centres or the section 69 register will not yet have been allocated a centre ID. In this instance, please leave the field blank.

Applicant or Registered Provider Name — The applicant is the legal entity who applies for registration. The registered provider in relation to a designated centre means the person whose name is entered in a register as the person carrying on the business of the designated centre as defined in Section 2 of the Health Act 2007.

The applicant or registered provider entity may be a company, a partnership, an individual, unincorporated body or statutory body. Please read the following table to identify the entity type relevant to you.

What is the applicant or registered provider entity type?	What is the applicant or registered provider name I should enter here?
<p>Individual</p> <p>This is where an individual or sole trader is a person trading in their own right and usually, but not always, in their own name.</p>	<p>The person’s name such as ‘Mr John Smith’.</p> <p>If there is a trading name please state the trading name such as ‘John Smith trading as HIQA House’. We can only accept a registered trading name, and we will validate your trading name with the Companies Registration Office.</p>
<p>Partnership</p> <p>A partnership exists where two or more people carry on a business with a view to making a profit. A partnership is not a separate legal entity from those who run it. In the case of a partnership, the registered provider will be the people who form the partnership, with each partner being legally responsible for the designated centre.</p>	<p>The name of each partner such as ‘John Smith, Mary Smith, Joe Smith and Jane Smith’.</p> <p>If the partnership has a separate trading name, you should write this as ‘John Smith, Mary Smith, Joe Smith and Jane Smith trading as HIQA House Partnership’.</p>
<p>Company</p> <p>A company is a legal entity which is separate from those who run it and those who own it. A limited company is a company whose liability</p>	<p>Company name as per the Companies Registration Office Registration (www.cro.ie) such as ‘HIQA House Limited’.</p>

<p>What is the applicant or registered provider entity type?</p>	<p>What is the applicant or registered provider name I should enter here?</p>
<p>(legal responsibility) is limited by either shares or by a guarantee. All company types must have one secretary and a minimum of one director. In the case of a company, the company, such as 'HIQA House Limited' is the registered provider, with the company being legally responsible for the designated centre.</p>	
<p>Unincorporated body</p> <p>An unincorporated body is formed when two or more people come together for a non-business common purpose such as a religious non-profit-making organization carrying on the business of a designated centre. An unincorporated body is not a legal entity and is not separate from those who run the unincorporated body. Therefore, both the unincorporated body and its members are the registered provider.</p>	<p>Name of the body such as 'HIQA House Trust' or the name of the religious order, if applicable.</p>
<p>Statutory body</p> <p>For registration as a designated centre, a statutory body is a State-sponsored body established under the Health Acts 1947 to 2010 or a body established under the Health (Corporate Bodies) Act 1961, beneficially owned by the Government. The statutory body is the registered provider and will be legally responsible for carrying on the business of a designated centre.</p>	<p>Name of the State-sponsored body established under the Health Acts 1947 to 2015, or the Health (Corporate Bodies) Act 1961.</p>

The following two questions are only relevant if your designated centre is currently registered with us and you are completing an application to **renew for older persons**.

Current registration number	REG-909999	Current registration number - this is issued by the registration office for each registration period and is identified on your certificate of registration.
Registration expiry date	1 January 2016	Registration expiry date - this is identified on your certificate of registration.

If you are applying to renew a disability centre you will need to complete the start and end date of your current registration period – both dates are identified on your certificate of registration.

Section 1.1 Designated centre details

The section requires you to complete information about the designated centre. Please note that if this section is not completed correctly, we will not process your registration pack.

Section 1.1 Designated centre details.		
Centre address	George's Court George's Lane Dublin 7	
Eircode	D07 E98Y	
Centre phone number	021 240 9300	
Fax number (if applicable)	021 240 9600	N/A <input type="checkbox"/>
Email (if applicable)	info@hiqahouse.ie	N/A <input checked="" type="checkbox"/>
Website (if applicable)	www.hiqahouse.ie	N/A <input checked="" type="checkbox"/>

Centre address - this refers to the building address of the designated centre. If your designated centre comprises more than one building, please enter the address of the main building.

Eircode - please include the Eircode relevant to your designated centre. Please use the Eircode finder available at www.eircode.ie

Centre phone number - please use the main telephone number for the designated centre including your local area code.

Fax number, email and website fields are optional, if your designated centre does not use an active fax number, email address or have a website address, please tick the 'not applicable' box.

Proposed date of establishment (if applicable) — This question only applies if you are **applying-to-register** a new designated centre. Please state the date you are proposing to start operating if your application is granted. If your centre is currently on the section 69 Register, please tick the 'not applicable' box.

Date the centre was established (if applicable) — The question applies only if you are applying to renew registration. Please state the date the designated centre started operating, please state 'not applicable' if this is unknown.

Disability

The next three questions are relevant only to disability-application-to-register forms.

What is the number of places you are applying to register? — The number entered into this field represents the maximum number of residents that you consider can be accommodated at the designated centre.

Please state the maximum number of residents that can be accommodated at the designated centre — The number you enter here should reflect the maximum **capacity** of the designated centre; this means the maximum number of residents that you can accommodate. This number may be the same or more as the number of places you are applying to register.

Who will be accommodated? — Please state if you intend to accommodate adults or children by ticking the relevant checkbox. If your application is to accommodate both adults and children, please tick both checkboxes.

Older persons

The next three questions are relevant only to older persons-application-to-renew forms.

What is the number of places you are applying to renew? — The number entered into this field represents the number of residents that you intend to accommodate if your application to renew is granted.

Are you applying to register new places with this application?

- Please tick the '**No**' checkbox if the number of places you are applying to register is the **same as your current registration**.
- Please tick the '**Yes**' check box if you are applying to **increase the number** of residents you are currently registered to accommodate.
- If you are applying to register a **lower number** of places than what is currently registered, you should tick the '**No**' checkbox and state the number of places you are applying to register.

If you are completing an older persons-application-to-register, you will be asked to enter the number of place you are applying to register only.

Category of designated centre — This section is only relevant to application-to-register forms. The categories of designated centres are based on the Health Act 2007; please use the following table to identify the category that your designated centre falls into and tick the relevant checkbox.

Category	Does this category apply to me?
A residential service provided by the Executive (HSE)	This option is only included in the application form for registering statutory bodies.
A nursing home as defined in section 2 of the Health (Nursing	This option is included in the older persons application form for a company, partnership, an individual and unincorporated body.

Home) Act 1990	Privately owned designated centres usually fall into this category. A nursing home is defined in the Health (Nursing Homes) Act 1990 as an institution for the care and maintenance of more than two dependent persons, excluding those managed by or on behalf of the HSE. Please click here for the full definition.
A service provider who has an arrangement under section 38 of the Health Act 2004	This option is included in all application to register forms. Please tick this category of designated centre if you are a service provider who has entered into an arrangement under section 38 of the Health Act 2004 to provide a health or personal social service on behalf of the HSE. Please click here for full section 38 details.
A person that is not a service provider, but who receives assistance under section 39 of the Health Act 2004	This option is included in all application to register forms. Please tick this category if you are an applicant who is not a service provider and if you are in receipt of assistance under section 39 of the Health Act 2004. Please click here for full section 39 details.
A person that is not a service provider, but who receives assistance under section 10 of the Child Care Act, 1991	This option is included in disability-application-to-register forms only. Please tick this category if you are an applicant who is not a service provider and if you are in receipt of assistance under section 10 of the Child Care Act, 1991. Please click here for the full section 10 details.
Other	If you believe that you provide care which does not fall into any of the above categories due to the specific nature of care provided then please tick the ' other ' checkbox and specify the type of care that is provided at the designated centre.

Section 1.2 Applicant – Application to register

The name entered in this section should be the same as the name entered under the 'Applicant's name' section on the front page of your application form. This section is unique per applicant or registered provider **entity**; please see the following example for a company.

Section 1.2 Applicant (Company).	
Company name	HIQA House Limited
Companies Registration Office number (as per companies registration office register www.cro.ie).	000000

The **company name** and the **Companies Registration Office number** must match the details on the Companies Registration Office's register. We will validate this information on receipt.

You can check the registered name and number of the company by going to www.cro.ie

Subsection 1.2.1

Please state if you have previously submitted details regarding the applicant entity — as part of another application to register.

1. If the applicant and or registered provider entity **has not previously** submitted details about the entity with another application to register you should complete subsection 1.2.1 by ticking the '**No**' checkbox and go to 'Section 1.3'.
2. If the applicant or registered provider entity **has previously submitted details** regarding the entity - as part of another application to register please complete subsection 1.2.1 by ticking the '**Yes**' checkbox and go to **subsection 1.2.2**.

Subsection 1.2.2

Please identify if there have been a change to those details previously submitted.

- If you tick the '**Yes**' checkbox please completed 'Section 1.3' in full.
- If you tick the '**No**' checkbox, you are **not** required to complete 'Section 1.3' and you can go straight please go to 'Section 1.4'.

Section 1.2 Registered provider – Application to Renew

If you are applying-to-renew registration you should complete **one** of the following check boxes.

Please tick one box and go to the relevant section.	
There has been no change to the company information submitted with your previous application to register.	<input type="checkbox"/>
Please go to section 1.4.	
There has been a change to the company information previously submitted with your application to register.	<input checked="" type="checkbox"/>
Please complete section 1.3 in full with the updated information.	

No change to company contact details or company personnel. You should tick the check box and go to Section 1.4

There **has been a change**, please complete section 1.3 in full.

Note: You must notify us when there is a change to the information previously supplied for registration. Please read our [Registration Notifications Handbook](#) for more guidance.

Section 1.3 Applicant's Details

The information outlined in the [older persons](#) and persons with [disability](#) registration regulations is different for each type of entity. Therefore, 'Section 1.3' of the application form requests information unique to the applicant or registered provider entity type. Please read the guidance relevant to your entity type.

Contact information that is common to all entity types

Business address — Please enter the address and relevant [Eircode](#) of the principle place of business **of the entity**. If the entity has registered their name as a business (where applicable), please use the address associated with that registration (www.cro.ie).

Business phone number — Please enter the contact number, including local area code, for the **entity** that will be in operation during office hours (9am to 5pm, Monday to Friday).

Business mobile number (optional) — You may also include a mobile number if you are not office-based at all times.

Business email address — Please provide a **valid** email address that is actively used. We send regular email correspondence to the email address you have provided in this section.

Note: We will issue all correspondence to the contact information of the registered provider.

- It is the responsibility of the registered provider to ensure correspondence is circulated within their own organization as appropriate.
- You must notify us of any change to the contact information provided for the registered provider entity. For more guidance, please read our Registration Notifications Handbook available to download from our website's [registration resource centre](#).

Information specific to a partnership

What is the number of partners in the partnership? — Please state the number of partners that make up your partnership. There must be a minimum of two partners, and there is usually a maximum of 20.

Please select from one of the following options — In this section you should tell us the partnership authorization arrangements.

- **Option '1' checkbox** - each partner named in 'subsection 1.3.1' is authorized to act independently on behalf of the partnership, and any **one** partner, named in 'subsection 1.3.1', is authorized to operate in all matters relating to the registration of the designated centre.
- **Option '2' checkbox** - All partners named in 'subsection 1.3.1' must **operate together** in all matters relating to the registration of your designated centre.

If all partners must operate jointly, this means all authorized partners will be required to **sign all documentation** relating to the registration of the designated centre such as application forms and registration notification forms.

Partnership authorization — In this section, you should list the name of each partner that has been authorized to operate on behalf of the partnership, either independently or jointly. Please state the first name and surname of each partner.

Partnership authorization declaration — Each partner should read and understand the authorization declaration. By signing the declaration, each partner is agreeing that the partner or partners listed in 'subsection 1.3.1' are authorized to operate, independently or jointly, in all matters regarding the registration of the designated centre.

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- If there are more than 10 partners in the partnership, you should make a photocopy of 'section 1.3.1' or 'section 1.3.2' and complete the list.
- The number of partners that have signed the declaration should be the same as the number of partners identified in the partnership.

The partnership authorization declaration should be completed as illustrated in the following example.

Subsection 1.3.2 Partnership authorisation declaration. All partners must sign the partnership authorisation declaration.				
We, the undersigned partners, authorise each partner named in subsection 1.3.1 to act on behalf of the partnership in relation to the registration or renewal of registration of a designated centre.				
Title	First name	Surname	Signature	Date
1. Mr	John	Smith	<i>John Smith</i>	01 Jan 16
2. Dr	Joe	Smith	<i>Joe Smith</i>	01 Jan 16

Information specific to a company

Company secretary — Companies incorporated in Ireland must have a company secretary. Should this be an individual (for example, a company director), you should state the person's title such as Ms, Mr, Dr, first name, and surname.

The company secretary may also be a corporate body such as a company in which case you should state the name of the corporate body.

Company chairperson and company chief executive or manager — If the directors have elected a chairperson and or have appointed a person to manage the overall operations of the company, such as a chief executive, or manager, please state their title such as Ms, Mr, Dr, first name and surname in this section. However, if no such person is elected by the directors, you should tick the "N/A" (not applicable) checkbox or checkboxes.

Company directors — Please state the number of directors in the company (minimum of one director) and then list each director by, title such as Ms, Mr, Dr, first name, and surname.

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- The number of company directors stated must match the number of directors listed in this section.
- If there are more than 20 company directors in a company, you can complete the list on a photocopy of this section.

What if a company director has more than one company role?

If one or more director has been identified as a company secretary, chairperson, chief executive or manager you should include their name in both sections.

Information specific to an unincorporated body

If the unincorporated body has elected a chairperson or manager of the body, you must state the name and valid business contact details specific to the manager or chairperson.

Information specific to a statutory body

In addition to completing the contact information, for the statutory body, the statutory body must elect a person to be the **'person responsible'** for the application on behalf of the statutory body.

The 'person responsible' details provided in this section will be used by us to deal with administrative matters relating to your registration pack. If the person named in this section is a person that fits the description of a **person participating in management**, you should also complete the person participating in management section for the person.

Please state the name and valid business contact details specific to the 'person responsible'. You must also state the person's role at the designated centre such as 'CHO Manager'.

Section 1.4 Facilities and Services

Please tick the checkbox that applies to your designated centre and then complete either subsection 1.4.1 **or** subsection 1.4.2; you are not required to complete both subsections. A **building** may include a purpose-built facility, house, hospital ward or apartment.

Subsection 1.4.1 Designated centre comprised of **one building**

The information requested here is based on **one building**, that is to say, the designated centre, located at the address you identified in the 'designated centre details' section. If you complete subsection 1.4.1, subsections 1.4.2 and 1.4.3 will not apply to you – go to 'Section 1.5' next.

Is the applicant owner or tenant? - If you own the building please tick the '**Owner**' check box and go the last question in this section.

Please tick the '**Tenant**' check box if the applicant or registered provider **rents or leases** the building and they are not the owner.

You must then state the **owner's name and address, and start and end dates** of the lease agreement

The lease period should cover the registration period being sought at a minimum.

'**No**' - applicant or any staff member (including voluntary staff) **does not live** at the designated centre.

'**Yes**' - applicant or any staff member (including voluntary staff) **works and lives** at the designated centre.

Subsection 1.4.1 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)	Unit 1301 City Gate Mahon Cork, T12 Y2XT	
Please state the start and end dates of the lease agreement	Start date 01 May 2010	End date 01 May 2020
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"/>

'**Applicant**' in this section refers to the entity applying-to-register or applying-to-renew registration and any individual that is involved in the entity such as a company **director, partner** or **member** of an unincorporated body.

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Subsection 1.4.2 Designated centre comprised of **more than one building**

Subsection 1.4.2 Designated centre is comprised of more than one building.	
How many buildings does the designated centre comprise?	3
Please complete subsection 1.4.3 building details for each building.	

The number of buildings identified in this section must be **more than one**.

Subsection 1.4.2 and subsection 1.4.3 are directly **linked** to each other; For every building you have identified, you should complete a corresponding subsection 1.4.3.

Subsection 1.4.3 Building details

The form includes three 'Building details' sections; if your designated centre is made up of more than three buildings please continue on a photocopy of this section.

Building address — Please state the address of the building. This information should be different for each building such as Building 1, Any Street, Cork; Building 2, Any Street, Cork.

- 'Building 1' is usually the designated centre that is the main building. In this instance, the address details should correspond with the address details you identified in the 'Designated centre details' section of this form.
- For 'Building 2', 'Building 3' and so on, please state the individual building address including Eircode.
- A subsection 1.4.3 should be completed for separate buildings that may have the same address.

Who will be accommodated? — This question applies only if you are applying to register disability centres, and this information may vary for each building.

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- Please state if you intend to accommodate adults or children in **this building** only, by ticking the relevant checkbox.
- Information provided here should match the information previously supplied in the 'Designated centre detail' section.

Number of places in this building you are applying to register — this information may or may not vary for each building; however, you should complete each section in full.

- Please state the number of places you intend to register in **this building** only.
- The number of places identified for each building should total the number of places you have applied to register in the 'Designated centre detail' section.

For **each building**, you should then complete the following questions, as per the example illustrated in section 1.4.1:

- Is the applicant owner or tenant?
- Please state the owner's name and address (if tenant)
- Please state the start and end dates of the lease agreement (if tenant)
- Does the applicant or any staff member reside at the building?

Section 1.5 Management and staff details

Person in charge

Please state the name of the person in charge. The person named in this section will be the person whose name is entered on the register and certificate of registration as being in charge of, or managing, the designated centre. The person in charge should have sufficient training and experience to ensure the delivery of a good quality and consistent service to the residents for whom he or she is responsible, and have a good knowledge of the regulations and standards.

For a full description of the person in charge post as outlined in the Health Act 2007 please:

- [Click here](#) for Regulation 14(1) of the Health Act 2007 (Care and Support of Residents in designated centres for **older persons**) Regulations 2013.
- [Click here](#) for Regulation 14(1) of the Health Act 2007 Care and Support of Residents in Designated Centres for Persons (Children and Adults) with **disabilities**) Regulations 2013.

Person participating in management

Please state the name of each person participating in the management of the designated centre (other than the person in charge). A person named as a person participating in the management needs to be actively engaged in the governance and management of the designated centre. This

person or persons will be required to undergo an assessment of fitness and will be named on the certificate of registration and our register of designated centre. At a minimum the person in charge must be named.

Note: The applicant and or registered provider must send us **prescribed information**, as required by regulation, for the person in charge and each person participating in management. Please read the [Prescribed Information Handbook](#) for more guidance on the documentation that must be enclosed with your registration pack.

What if the person in charge or person participating in management has changed?

If you are completing an application to renew registration, the name of the person in charge or each person participating in management should be the same as the names of those currently on our register. If there has been a change to the person in charge or person participating in management, you should:

- complete this section with the new person's name, **and**
- submit the relevant notification form along with,
- prescribed information for the person – prescribed information should be submitted **once** as part of your registration pack or notification pack.

If the name of the person in charge or persons participating in management does not match our register of designated centres **and** we have not received the relevant notification we will not be able to process your registration pack. Please read our '**Registration Notifications Handbook**' available from our website's [registration resource centre](#) for more guidance on registration notifications.

Management arrangements if the person in charge is absent — This section of the form only applies to an application to register a **disability** centre. You are required to outline the arrangements for managing the centre when the person in charge is absent. It is your responsibility to ensure the arrangements in place provide suitable governance of the designated centre during the absence.

In addition, you must also name the person who is responsible for managing the centre when the person in charge is **not present at the centre**.

If the person in charge will be absent from the designated centre for a period longer than 28 days (planned or unexpected), you must notify us.

Section 1.6 Contact person

The registered provider or intended registered provider may nominate a 'contact person'. The contact person's details provided in this section will be used by the Registration Office to deal with administrative matters relating to your registration pack.

If the person named in this section is a person that fits the description of a **person participating in management**, you should also complete the person participating in management section for the person.

Please state the name and valid business contact details specific to the 'contact person' as illustrated in the following example.

Section 1.6 Contact person.		For official use
Name of the contact person [†] (for the purpose of processing the registration pack).	Jack Smith	<input type="checkbox"/>
Business phone number (during office hours)	021 240 9300	<input type="checkbox"/>
Business mobile number (optional)	N/A	<input type="checkbox"/>
Business email address	jack@hiqahouse.ie	<input type="checkbox"/>
What is the person's role ?	Office Manager	<input type="checkbox"/>

Section 1.7 Information you must submit with your application form

This section of the form is a checklist; please tick the checkboxes provided ensuring you have enclosed the following **essential criteria** to make your application:

- floor plans
- statement of purpose

Floor plans

Please send us floor plans of the designated centre as it exists - this means a set of drawings to scale that reflect the specifications of the designated centre and show the exact dimensions and location of all elements of the designated centre. You are not required to have the floor plans drawn up by an architect, however:

- Floor plans must be clear and legible, and
- You must outline on the floor plans in:
 - **red colour** all parts of the designated centre
 - **blue colour** all overnight accommodation (bedrooms)

You can do this by using a red- and blue-coloured biro or marker as per the following example.



What if my designated centre is made up of more than one building?

If your designated centre is made up of more than one building you should:

- send us a set of floor plans as built to scale for each building
- state the centre's ID (OSV) number on each set of floor plans
- include the address of the building on each set of floor plans —so that we can match the floor plans with the relevant building section in the application form

What if I have submitted floor plans with a previous application to register?

If there has been no change to the dimensions and location of all elements of the designated centre on the floor plans previously submitted to us, we will accept a declaration in writing stating there has been no change.

Statement of purpose

You must submit a copy of the designated centre's statement of purpose. This document should clearly state:

- the **name** of the designated centre, and
- the date of the document

This is an important document that sets out information about the centre including the types of service provided, the resident profile, the ethos and governance arrangements and the staffing arrangements.

Section 1.8 Declaration

The following illustration is an example of a **company** declaration. The declaration section is unique to the entity type of the application form.

Section 1.8 Declaration by the registered provider.		For official
I, the undersigned, declare on behalf of the company that provided in this application form is true to the best of my		
Name (print)	John Smith	
Position	Director	<input type="checkbox"/>
	Authorised person	<input type="checkbox"/>
Signed	<i>John Smith</i>	
Date	01 May 2016	
Contact number (During office hours)	021 240 9300	

Position - the position checkbox will vary depending on the applicant or registered provider entity. Please tick the position relevant to the person signing the form.

If your position does not fall into one of the checkbox categories identified in this section, you should **not sign** the form.

Signed - we will only accept **original** signatures. Do not send us a photocopy of this section.

If you are completing this form electronically; you must print the form and sign this section by hand and then post to the registration office.

Who should sign the declaration?

The declaration should be signed by the applicant, registered provider, or by a person authorized by the registered provider. Please use the following table as guidance.

Entity Type	We will accept a declaration signed by:
Individual	<ul style="list-style-type: none"> ▪ Individual – the person applying to register, or ▪ Authorized person, authorized to act on behalf of the individual.
Partnership	<ul style="list-style-type: none"> ▪ Authorized partner of the partnership (only).
Company	<ul style="list-style-type: none"> ▪ Director, or ▪ Authorized person, authorized to act on behalf of the company.

Entity Type	We will accept a declaration signed by:
Unincorporated body	<ul style="list-style-type: none"> ▪ Member of the unincorporated body ▪ Manager of the unincorporated body ▪ Authorized person authorized to act on behalf of the unincorporated body.
Statutory body	<ul style="list-style-type: none"> ▪ Person responsible on behalf of the statutory body ▪ Authorized person, authorized to act on behalf of the person responsible on behalf of the statutory body.

Who is an authorized person?

In the context of the application form the 'authorized person' means a person in the organization who has been authorized by the registered provider entity individual, company, unincorporated body or statutory body to sign the declaration section on their behalf. It is important to note that by ticking the authorized person checkbox, the person is making a declaration to HIQA to the effect that:

- the information provided in the form is true to the best of their knowledge and belief
- he or she has the full authorization of the applicant or registered provider to sign the declaration on their behalf.

We will be unable to process your registration pack if the declaration section is not completed correctly.

Section 2. Application Fee

What is the application fee?

The application fee is required to make a valid application. [Section 48](#) of the Health Act 2007 states that an application to register or renew registration of a designated centre must be accompanied by the prescribed fee.

- The prescribed fee to accompany an application to register or renew registration is €500 in line with:
 - Regulation 4(3) of the registration regulations for older people (DCOP)
 - Regulation 5(4) of the registration regulations for persons with disabilities (DCD)
- We be unable to process your registration pack if the fee payment has not been received by HIQA at the time of processing.

How do I pay the application fee?

As a public sector body, HIQA can only accept electronic payments. **Please do not send us a cheque, as they will be returned to you.** As a provider, you have the option of using your bank's online banking facility to arrange payment or alternatively, you can call into your bank branch to complete the bank transfer over the counter. Please ensure to 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	Ulster Bank Ltd., 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

Section 3. Prescribed Information

This section of the registration pack is a checklist of prescribed information which is required to accompany your application to register or your application to renew. This is a legal requirement set out in the registration regulations for [older persons](#) and [disability](#) services.

Application to register

Prescribed information as part of your application to register is not identical for older person and disability services. It is your responsibility to ensure you submit the correct documentation for the service you provide.

1. Designated centre (disability only)
2. Applicant or Registered provider
3. Person in charge
4. Person or persons participating in management

Application to renew

In the case of an application to renew, the requirement for prescribed information is also unique to the service that is provided. Please ensure you send us the correct documentation.

Older persons - If you are applying-to-renew an older persons service you should complete:

- a) A statutory declaration stating there has been no change in the prescribed information submitted with the previous application to register, or
- b) A statement of each change, where there has been a change in a format specified by the Chief Inspector.

Disability - If you are applying-to-renew a disability service, you should:

- a) Complete section 3.1 stating if there has been a change to information supplied with your previous application,
- b) Enclose up-to-date documentation listed in section 3.2, with your registration pack and
- c) Send us prescribed information for the designated centre, listed in section 3.3, as part of your registration pack.

For more guidance on how to complete this section and what you should submit please read our '**Prescribed Information Handbook**' available to download from our website's [registration resource centre](#).

Application to vary or remove a condition of registration

What is an application to vary or remove a condition of registration?

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 applied to the registration of the designated centre.

How do I make an application to vary or remove?

For us to process your application promptly you must send us:

1. Application form
2. Application fee

You can download an application to vary or remove conditions of registration from our website's [registration resource centre](#) or you can contact the registration office.

When making an application to vary or remove a condition of registration, all evidence in support of that Application to Vary/Remove must be in place in order that the application can be assessed and a proposed decision made.

For example, if material structural works are required to be carried out in support of your Application to Vary/Remove, all these works must be completed prior to making the application.

Or if you are seeking to increase the number who can be accommodated in the centre then the additional rooms and space must be in a ready state for the proposed additional resident to occupy.

In cases whereby applications are received, if works evidence documentation is not in place, the application shall be refused.

What is the application fee?

An application to vary or remove a condition of registration must be accompanied by the prescribed fee, which is determined by the registration regulations. The fee required is not identical for all services. It is your responsibility to ensure you submit the correct fee.

Older persons

Regulation 7(4) of the registration regulations for [older people](#) states the fee to accompany an application to vary a condition of registration is **€200** and regulation 7(5) states the fee to accompany an application to remove a condition of registration is **€100**.

Disability

Regulation 8(6) states the fee to accompany an application to **remove** a condition of registration is **€100**. Regulation 8(5) (a) of the registration regulations for persons with [disabilities](#) states an application to vary can either be **major** or **minor**. The fee to accompany a:

- **Major** variation is €500 — This is where the request to vary substantially increases or decreases the number of places registered, changes the structure of the designated centre or vary a prohibitive or limiting condition. A major variation requires an inspection to be carried out by us.
- **Minor** variation is €100 — This is where the registered provider requests a variation that doesn't require an inspection.

Please read the guidance outlined in the '[Application Fee](#)' section of this handbook to ensure you make the payment correctly.



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