

Explanatory note

The purpose of this declaration is to assist the registered provider or intended registered provider in complying with Article 5(3)(c) of the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

An application to register or renew registration of a designated centre must be accompanied by:

- **Evidence** that the designated centre complies with the Planning and Development Acts 2000 – 2013 and any building bye-laws that may be in force.

The registered provider or intended registered provider may complete this **planning compliance self-declaration form**. If they choose to do so, a completed form will be accepted by the Chief Inspector as such evidence.

Section 1. Designated centre details.

Centre name*	
Centre ID (OSV)	
Registered or intended registered provider's name	

*By signing this form you are making the declaration in respect of the designated centre, including each building that may comprise the designated centre.

Section 2. Self-declaration.

I confirm that the designated centre, named in section 1 of this form, complies with the Planning and Development Acts 2000 – 2013 and any building bye-laws that may be in force.

I hereby declare that I understand, accept and confirm that it is an offence under Section 79(1)(b) of the Health Act 2007, in, or in respect of, an application for registration or renewal of registration to knowingly make a statement which is false or misleading in a material respect.

I make this declaration conscientiously believing the same to be true for the satisfaction of the Chief Inspector of Social Services and pursuant to article 5(3)(c) of the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Name (print)		
Position	Director	<input type="checkbox"/>
	Partner	<input type="checkbox"/>
	Individual or sole trader	<input type="checkbox"/>
	Member of the committee of management or other controlling authority of the unincorporated body	<input type="checkbox"/>
	Person responsible on behalf of the statutory body	<input type="checkbox"/>
	Authorised signatory for and on behalf of the registered provider/ intended registered provider [†]	<input type="checkbox"/>
Signed		

[†] 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. This is only applicable if the registered/intended registered provider is a company, partnership or an unincorporated body.

Date	
Contact number (during office hours)	

The form should be posted 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