



**Health  
Information  
and Quality  
Authority**

An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

Regulation and Monitoring  
of Social Care Services

# Registration handbook

Guidance on making applications,  
providing prescribed information and  
submitting registration notifications

Version 2.1 — May 2025

*Safer Better Care*

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## Introduction to this handbook

Welcome to the *Registration Handbook* for providers or intending providers of designated centres in Ireland.

The handbook aims to provide useful information in a single convenient location, and its structure is informed by our interactions with providers, as follows:

- Chapter 1 — registration, renewal and variation applications
- Chapter 2 — prescribed information
- Chapter 3 — registration notifications and paying the annual fee
- Appendices:
  - Appendix 1 — Signing applications and declarations
  - Appendix 2 — Authorised signatories
  - Appendix 3 — Banking details for registration fees and the annual fee.

### Further information

If, having first consulted this handbook and the *Regulation Handbook*, you have any queries on the registration application process, prescribed information, or registration notifications — or are intending to become a registered provider — please email our Registration Team at [registration@higa.ie](mailto:registration@higa.ie).

For queries on the **registered provider's representative** after having consulted these handbooks, please contact the inspector for your centre initially and then their regional manager. You can also address questions on the role of a person participating in management to the above email address.

Please note that images of application and notification forms used throughout this handbook are for illustrative purposes only, and forms may be updated from time to time. The most up-to-date versions will always be available in the Provider Portal or to download from our website.

### Superseded guidance

This handbook brings together and supersedes four previously published guidance documents about registration and which are now obsolete as follows:

1. Registration, renewal and variation application handbook: November 2022
2. Registration prescribed information handbook: March 2022
3. Registration notification handbook: November 2022
4. Regulatory Notice: Important information about registration documentation for intended and registered providers of designated centres: Updated July 2021.

Providers can also consult our *Regulation Handbook* on [www.higa.ie](http://www.higa.ie) for an overview of how we register and regulate designated centres.

# Chapter 1 — Making registration, renewal and variation applications

## Chapter 1 — Registration, renewal and variation applications

### Introduction to registration, renewal and variation applications

If you run a designated centre, you must register that centre or renew the registration of that centre with the Chief Inspector and be its registered provider in order to operate it. Not to do so is an offence under the Health Act 2007 (as amended).<sup>‡</sup> Designated centres include nursing homes, residential centres for children or adults with disabilities and special care units for children and young people. Any person<sup>¥</sup> seeking to register or renew the registration of a designated centre must submit an application in the format set out by the Chief Inspector.

In order to assist providers, application forms for the various provider entities are available on HIQA's website and are discussed in this chapter. We have produced [guidance to assist registered and intending providers to identify residential services that require to be registered with the Chief Inspector](#). This guidance is called *What is a designated centre?* and is available on [www.hiqa.ie](http://www.hiqa.ie). While this handbook is aimed at assisting you through the registration process, it is not an interpretation of the law and you should refer to the legislative requirements at all times.

### The registration pack for applications to the Chief Inspector

You can download a registration pack from [www.hiqa.ie](http://www.hiqa.ie) for your application to the Chief Inspector. To find the application pack relevant to you, go to the providers' section of the website; then into either disability, older people or children's services. You can download the packs directly from these links:

- [Disability services](#)
- [Older people services](#)
- [Children's special care units](#).

The registration pack contains the relevant forms you will need to complete when you apply to register a designated centre or renew the registration of a designated centre. The contents of the registration pack will vary depending on the:

- **type of service** you provide or intend to provide at the designated centre
- **application type**, such as a first-time registration or a renewal of registration
- **entity type** of the applicant or registered provider, such as:

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<sup>‡</sup> In this handbook, this legislation will occasionally be referred to as 'the Act'.

<sup>¥</sup> The word 'person' can mean a legal person such as a limited liability company or an unincorporated body of persons, as well as an individual.

## Chapter 1 — Registration, renewal and variation applications

- an individual (sole trader)
- a partnership
- a company
- an unincorporated body
- a statutory body.

For us to process your application promptly, you must send us a complete registration pack. This includes the relevant type of application form and the prescribed information — as required by the regulations — for the person in charge and each person participating in management of the designated centre.

### Renewals applications

To renew a registration, the provider (that is to say, the applicant) is legally required to apply to the Chief Inspector at least six months in advance of when the current registration expires.<sup>‡</sup> A date which is six months before the date of expiry of a designated centre's registration is referred to as the 'application due date'.

Failure to apply as set out above will mean that the designated will cease to be registered when the current registration expires. Furthermore, the Act clearly states a person shall not operate a designated centre unless it is registered by the Chief Inspector<sup>‡</sup> and that operating an unregistered centre is an offence under the Act.\*

Applications to renew should be pre-planned and based on the expiry date of the current registration. The Chief Inspector supports providers in complying with this requirement by issuing the application form and associated information to providers two months in advance of the application due date (rather than the registration expiry date).

Therefore, providers should plan their renewals of registration in a timely manner and well in advance of the application due date. They should have all the required documentation up to date and to hand, and the signatory to the application or authorised signatory should be available to sign the application to the Chief Inspector.

<sup>‡</sup> Section 48(3) Health Act 2007 (as amended).

<sup>‡</sup> Section 46, Health Act 2007 (as amended).

\* Section 79(1), Health Act 2007 (as amended).

## Chapter 1 — Registration, renewal and variation applications

### Overview of section 1 of the application form

The information that is requested in the application form is required by law and is set out in the following regulations, as amended:

- ✓ Schedules 1 and 2 of the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended)
- ✓ Schedule 1 of the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended)
- ✓ Schedule 1 of the Health Act 2007 (Registration of Designated Centres) (Special Care Units) Regulations 2017.

There are **four essential criteria** used to determine if you have made a valid application in line with the Act. These are:

1. Completed application form.
2. Floor plans.
3. Statement of purpose.
4. Registration fee.

If one or more of the four criteria fails to meet the requirements as outlined in this handbook, your registration pack **will not be processed**. In this event, we will:

- **post** you back all documents received as part of your registration pack
- **refund** any application fee paid to HIQA.

In addition, any application to register **a new designated centre** must provide:

- **complete information** on how the provider intends to comply with the regulations
- **assurance** that the premises are in a fit state to accept residents or children should an application be successful and are ready for a site visit to assess compliance with the regulations.

In cases where the required information is deemed to be unsatisfactory in order to make a proposed decision, the application shall be refused.

These four criteria are reviewed in more detail here.

## Chapter 1 — Registration, renewal and variation applications

### What makes an application a valid application?

**Four key items**<sup>‡</sup> must be included in your application to make it a complete and valid application. Certain other information and documentation are also required to accompany the application to register or renew the registration of a designated centres.

#### 1. The completed application form

All sections of the application form must be completed in full in order to make the application form valid, and it must be signed by an individual on behalf of the provider and or applicant.

#### 2. Floor plans

Floor plans of the designated centre or proposed designated centre must be included. Please follow the detailed guidance as set out in this chapter when submitting floor plans.

#### 3. Statement of purpose

The provider and or applicant is responsible for ensuring that the statement of purpose is included in the application. The statement of purpose must include all the details as set out in Schedule 1 of the relevant regulations, which are:

- Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended)
- Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended)
- Health Act 2007 (Registration of Designated Centres) (Special Care Units) Regulations 2017.

Please refer to the guidance on the statement of purpose and template on the HIQA website, as follows:

- *Guidance on the Statement of Purpose for designated centres for Children and Adults with Disabilities:* <https://www.hiqa.ie/reports-and-publications/guide/guidance-statement-purpose-designated-centres-children-and-adults>
- *Guidance on the Statement of Purpose for designated centres for Older People:* <https://www.hiqa.ie/reports-and-publications/guide/guidance-statement-purpose-designated-centres-older-people-dcop>
- *Guidance on the Statement of Purpose for designated centres — Special Care Units Issued by the Chief Inspector:* <https://www.hiqa.ie/reports-and-publications/guide/guidance-statement-purpose-special-care-unit-scu>

<sup>‡</sup> Section 48, Health Act 2007 (as amended).

## Chapter 1 — Registration, renewal and variation applications

### 4. Registration fee

The application must include evidence of the application fee,<sup>‡</sup> with the registration regulations setting out the details of the fee to be paid. Payments will only be accepted by EFT (electronic funds transfer) payment. Please do not send us a cheque, postal order or bank draft as it will be returned to you. In your application, please enclose proof that the application fee has been paid in the form of an EFT receipt. Detailed guidance on how to pay the application fee is located at the end of this chapter.

#### Examples of incomplete applications

The Chief Inspector has found the following common errors or omissions in applications received from providers:

- The application form has been signed by a person who is not authorised to do so.
- The registration fee has not been paid.
- Floor plans are not legible and do not accurately reflect the footprint of the designated centre or proposed designated centre (area occupied by the designated centre).
- The start and end date of any lease agreement on the premises housing the centre is not included in the application form.

You must ensure you include all parts of the application. This is important because failure to submit or include one or more of the above items of information and or the fee, or where any of these items are deemed invalid, automatically results in the application being deemed invalid. In such cases, all the submitted documentation will be returned to the applicant to fully complete and resubmit, while any application fees paid can be refunded if requested by the provider or applicant.

Should the provider fail to submit a valid and complete application six months before the current registration expires, then the designated centre will cease to be registered when the current registration expires.<sup>‡</sup> If you have any queries on the application process, you should contact our Registration Team at [registration@hiqa.ie](mailto:registration@hiqa.ie).

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<sup>‡</sup> Section 48(2) of the Health Act 2007 (as amended).

<sup>‡</sup> Section 48(3), Health Act 2007 (as amended).

## Chapter 1 — Registration, renewal and variation applications

### Site-visit guidance

We have published guidance for designated centres for older people and people with disabilities on being ready for the site visit as part of their application to register. Click on the links below or search online:

[Guidance and checklist: Designated Centres for people with disabilities](#)

[Guidance and checklist: Designated Centres for Older People.](#)

### Communication consent for a new intending provider proposing to take over an existing designated centre

Where it is proposed to change the person or entity carrying on the business of an existing designated centre, then the existing registered provider must give the Chief Inspector permission to deal with the proposed new provider. The existing provider must submit a letter of consent authorising the Chief Inspector to engage with the incoming person or entity when the application is being processed.

A template letter to facilitate submission of this consent to the Chief Inspector is available at [www.hiqa.ie](http://www.hiqa.ie). This template or other form or letter must be submitted by post on headed notepaper and signed by the registered provider or their authorised signatory or signatories.

Please note that until the application process is complete and the new provider has been registered by the Chief Inspector, the existing registered provider remains in this role and retains the associated legal responsibilities under the Act.

### Check you are using the correct form

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

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<p><b>DCD</b></p> <p><b>Company</b></p>	<p>Health Information and Quality Authority</p> <p>Application to <b>register</b> a designated centre for persons (children and adults) with <b>disabilities</b> (DCD)</p>	 <p>Health Information and Quality Authority An tUdairis Um Fhaisnéis agus Caliocht Sláinte</p>
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**Designated centre name** — the name you provide here is the name by which your designated centre will be known and registered with the Chief Inspector. Please use the same name consistently across all documentation.

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

In the case of a new designated centre that has not yet been given a centre ID (OSV) by the Chief Inspector, please leave this field blank.

**Applicant or registered provider’s name** — the applicant is the legal entity who applies for registration or renewal. If successful, the ‘registered provider’ is the person whose name is entered on the official public register of designated centres as the ‘person’ carrying on the business of the designated centre, as defined in section 2 of the Act. The applicant or registered provider entity may be a company, a partnership, an individual, unincorporated body or statutory body, as set out in the Table 1 below.

**Table 1. Applicant or registered provider**

What is the applicant or registered provider entity type?	What is the applicant or registered provider’s name that I should enter here?
<p><b>Company</b></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 (legal responsibility) is limited by either shares or by a guarantee.</p>	<p><b>Company name</b> in line with its registration by the Companies Registration Office (<a href="http://www.cro.ie">www.cro.ie</a>), such as ‘HIQA House Limited’.</p>

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<p>What is the applicant or registered provider entity type?</p>	<p>What is the applicant or registered provider’s name that I should enter here?</p>
<p><b>Unincorporated body</b></p> <p>An unincorporated body is formed when two or more people come together for a common, non-business purpose, such as a religious non-profit-making organisation 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><b>Name of the body</b> such as ‘HIQA House Trust’ or the name of the religious order, if applicable.</p>
<p><b>Statutory body</b></p> <p>For registration as a designated centre, a statutory body is a body established by legislation, such as the Health Acts 1947 to 2022, the Health (Corporate Bodies) Act 1961 or the Child and Family Agency Act 2013. The statutory body is the registered provider and will be legally responsible for carrying on the business of a designated centre.</p>	<p><b>Name of the State-sponsored body</b> established under the Health Acts 1947 to 2022; the Health (Corporate Bodies) Act 1961; or the Child and Family Agency Act 2013.</p>
<p><b>Individual</b></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 <b>person’s name</b> such as ‘Mr John Smith’. If there is a trading name, please state the <b>trading name</b> 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>

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<p>What is the applicant or registered provider entity type?</p>	<p>What is the applicant or registered provider’s name that I should enter here?</p>
<p><b>Partnership</b></p> <p>A partnership exists when 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 are the people who form the partnership, with each partner being legally responsible for the designated centre.</p>	<p>The <b>name of each partner</b> 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’. Please note that we can only accept a registered trading name, and we will validate your trading name with the Companies Registration Office.</p>

**Registered centres for older persons**

The following two questions on the application form are only relevant to providers of existing registered centres for older people that are applying to renew their registration.

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

**Registered centres for people with disabilities**

If you are applying to renew the registration of 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.

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Section 1.1 of the application form — 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 be unable to process your registration pack.

**Section 1.1 Designated centre details**

Centre address	George's Court George's Lane Dublin 7	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	D07 E98Y	Eircode - please include the Eircode relevant to your designated centre. Please use the Eircode finder available at <a href="http://www.eircode.ie">www.eircode.ie</a>
Centre phone number	021 240 9300	Centre phone number - please use the main telephone number for the designated centre including your local area code
Fax number (if applicable)	021 240 9600	N/A <input type="checkbox"/>
Website (if applicable)	www.hiqahouse.ie	N/A <input type="checkbox"/>

Fax number and website fields are optional. If your designated centre does not use an active fax number or have a website, please tick the 'not applicable' (N/A) box or boxes

**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,<sup>‡</sup> please mark the 'not applicable' box.

<sup>‡</sup> Registered under the provisions of transitional registration.

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**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.

### Designated centres for people with disabilities



The next three items are relevant only to residential services for people with disabilities and 'application to register' forms.

#### **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 than the number of residential places you are applying to register.

#### **What is the number of beds at the designated centre that you are applying to register?**

The number entered in this field represents the maximum number of residential places that you are seeking registration for. For example, if you are applying for seven residential places but believe the centre could accommodate 10 residents, the number that you enter here is seven.

#### **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.

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**Designated centres for older persons**



The next three questions are only relevant to 'application to renew' forms for designated centres for older persons.

**Older persons**



**What is the number of beds at the designated centre you are applying to renew?**

The number entered in 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 beds with this application?**

- Tick the '**No**' checkbox if the number of places you are applying to register is the **same as or lower than your current registration**, or
- Tick the '**Yes**' checkbox 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 residential places than what is currently registered, tick the '**No**' checkbox and state (in the answer box above this on the form) the lower number of places that you are applying to renew.

For example, a registered centre has 100 residential places registered but the provider wishes to renew 99 of these places (a reduction of one place). Place the lower number being applied for in the space provided, as illustrated.

What is the number of beds at the designated centre you are <b>applying to renew</b> ?	99
Are you applying to register <b>new beds</b> with this application?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If <b>yes</b> , please state the number of additional beds you wish to register.	

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If you tick 'yes', please state the number of additional beds that you wish to register in the space provided on the form. For instance, a provider is registered for 100 residential places and wishes to increase that to 120 places (as illustrated).

What is the number of beds at the designated centre you are <b>applying to renew</b> ?	100
Are you applying to register <b>new beds</b> with this application?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If <b>yes</b> , please state the number of additional beds you wish to register.	20

In contrast, if you are completing an 'application to register' form for a designated centre for older people, you will only be asked to enter the total number of beds you are applying to register. Please ensure you are using the correct form.

### Designated special care units



The next three questions are only relevant to 'application to renew' forms for designated special care units.

#### **What is the number of beds at the designated centre you are applying to renew?**

The number entered in this field represents the number of children and young people that you intend to accommodate if your application to renew is granted.

#### **Are you applying to register new beds with this application?**

- Tick the 'No' checkbox if the number of residential places you are applying to register is the **same as your current registration**, or
- Tick the 'Yes' checkbox if you are applying to **increase the number** of children and young people that you are currently registered to accommodate.

If you are applying to register a **lower number** of beds than what is currently registered, you should tick the 'No' checkbox and state the number of places you are applying to register.

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If you tick 'yes', please state the number of additional beds that you wish to register.

If you are completing an 'application to register' form for special care units, you will be asked to only enter the number of residential places that you are applying to register.

### Category of designated centre

This section is only relevant to 'application-to-register' forms. The categories of designated centre are based on the Health Act 2007 (as amended). Please use Table 2 below to identify the category relevant to your designated centre and tick the relevant checkbox on the application form.

**Table 2. Categorisation of your designated centre for application-to-register forms**

Category	Does this category apply to me?
A residential service provided by the Health Service 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 Homes) Act, 1990	This option is included in the older persons' application form for a company, partnership, an individual or unincorporated body. 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.
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 mark 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.
A person who receives assistance under section 39 of the Health Act 2004	This option is included in all application-to-register forms. Please mark this category if you are an applicant who receives assistance under section 39 of the Health Act 2004.

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Category	Does this category apply to me?
A person who is a service provider under the Child and Family Agency Act 2013	This option is included in disability application-to-register forms only. Please mark this category if you are an applicant who is a service provider under the Child and Family Agency Act 2013.
A service provided by the Child and Family Agency (Tusla)	This option is only included in application-to-register forms for special care units and designated centres for people with disabilities. Please mark this category if the applicant is the Child and Family Agency (Tusla) providing the service.
A service provided on behalf of the Child and Family Agency	This option is included in special care unit application-to-register forms only. Please mark this category if you are a service provider who has entered into an arrangement to provide a health or personal social service on behalf of Tusla.
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 mark the ' <b>other</b> ' checkbox and specify the type of care that is provided at the designated centre or proposed designated centre.

### Section 1.2 of the application form — facilities and services

Please tick the checkbox that applies to your designated centre and then complete either subsection 1.2.1 **or** subsection 1.2.2; do not complete both subsections. A building may include a purpose-built facility, house, hospital ward or apartment.

#### Subsection 1.2.1 — designated centre comprising one building

The information requested here is based on **one building**, that is to say, the designated centre, located at the address you have identified in section 1.1 of the application form (the 'designated centre details' section). If you complete subsection 1.2.1 (as illustrated on the following page), the next two subsections, 1.2.2 and 1.2.3, do not apply to you — instead, proceed to 'Section 1.3'.

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**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.**

**'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.**

Subsection 1.2.1 Designated centre is comprised of <b>one</b> building.		
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 (including Eircode)	Unit 1301 City Gate Mahon Cork, T12 Y2XT	
Please state the start and end dates of the lease agreement	Start date <b>01 May 2010</b>	End date <b>01 May 2020</b>
Will the <b>applicant</b> or any <b>staff member reside</b> at the designated centre?	Applicant	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Staff member	Yes <input type="checkbox"/> No <input type="checkbox"/>

**Subsection 1.2.2 of the application form — designated centre comprising more than one building**

**The number of buildings identified in this section must be more than 1.**

**For each building you have identified in subsection 1.2.2 (more than 1), you must complete a corresponding subsection 1.2.3**

Subsection 1.2.2 Designated centre is comprised of <b>more</b> than one building.	
How <b>many</b> buildings does the designated centre comprise?	<b>3</b>
Please complete <b>'subsection 1.2.3 building details'</b> for each building where the designated centre is comprised of more than one building.	

**Subsection 1.2.3 of the application form — 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.

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### Building address

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

- 'Building 1' is usually the designated centre that serves as the main building. In this instance, the address details should correspond with the address details you have 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 their Eircodes.
- A subsection 1.2.3 should be completed for separate buildings that may have the same address.

### Who will be accommodated?

#### Disability



This question only applies if you are applying to register disability centres, and this information may vary for each building.

- 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 section on 'designated centre details'.

**Number of beds in the building that 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 residential 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 section on 'designated centre details'.

## Chapter 1 — Registration, renewal and variation applications

For **each building**, you should then complete the following questions and provide the following information in line with the example illustrated in section 1.2.1 on the preceding pages of this handbook:

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

### Section 1.3 Applicant — application to register

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

Company name	HIQA House Limited
Companies Registration Office number (as per companies registration office register <a href="http://www.cro.ie">www.cro.ie</a> ).	00000

We will validate the **company name** and the Companies Registration Office (CRO) **number on receipt** of the information.

This must match the details available on the CRO register. You can check these details by going to [www.cro.ie](http://www.cro.ie)

#### Subsection 1.3.1 of the application form

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

1. If the applicant or registered provider entity **has not previously** submitted details with another application to register, you should complete subsection 1.3.1 by ticking the '**No**' checkbox and go to 'Section 1.4'.
2. If the applicant or registered provider entity **has previously submitted details** as part of another application to register, please complete subsection 1.3.1 by ticking the '**Yes**' checkbox and go to **subsection 1.3.2**.

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### Subsection 1.3.2 of the application form

Please identify if there has been a change to those details previously submitted. This includes:

- **contact information** for the registered provider entity, and or
- **registered provider personnel** such as director, partner, committee member, and or
- **information on the registered provider's representative** (if nominated); this may have changed or may not have been completed.

If you tick the '**Yes**' checkbox, you should complete 'Section 1.4' in full and 'Subsection 1.4.1 Registered Provider Representative'.

If you tick the '**No**' checkbox, you can go straight to 'Subsection 1.4.1 Registered Provider Representative'.

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### Section 1.3 Registered provider — application to renew

If you are applying to renew registration, you have the option to inform us by ticking the relevant checkbox if there has been **no change** to the registered provider's information previously supplied. This means you do not have to complete 'Section 1.4 Registered provider details' and you can go straight to 'Subsection 1.4.1 Registered Provider Representative'.

If there **has been a change** to the registered provider's information previously supplied, including:

- **contact information** for the registered provider entity and or
- **registered provider personnel**, such as director, partner, committee member,

you should tick the relevant checkbox (as illustrated on the following page) and complete 'Section 1.4 Registered provider details' with the updated information and 'Subsection 1.4.1. Registered Provider Representative'.

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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 or renew.

Please go to subsection 1.4.1 (page 11).

**There has been a change** to the company information submitted with your previous application to register or renew.

Please go to section 1.4 (page 9) and complete the section in full including updated information and also complete subsection 1.4.1 (page 11).

You should mark one check box only.

**Please note:** you must notify us when there is a change to the information previously supplied for registration. [Please read the chapter on registration notifications for more guidance.](#)

### Section 1.4 Applicant's details

The information outlined in the registration regulations for designated centres for [older persons](#), persons with [disability](#) and [special care](#) is different for each type of entity. Therefore, 'Section 1.4' of the application form requests information unique to the applicant or registered provider entity type.

#### Contact information common to all provider entity types

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

**Business phone number** — please enter the daytime contact number, including local area code, for the **entity**.

**Business mobile number (optional)** — you may also include a mobile number if the office is not staffed at all times.

**Business email address** — please provide a **valid** email address in active use. This is the email address we will send all correspondence to in relation to the registration and monitoring of your designated centre.

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- It is the responsibility of the registered provider to ensure correspondence, issued either to the business address or email supplied, is checked and circulated within its own organisation as appropriate.
- You must notify us of any changes to the contact information provided for the registered provider entity. For more information and guidance, please see [Chapter 3 on registration notifications](#).
- Email addresses supplied to the Chief Inspector should not be linked to another company or individual who is not associated with the registered provider or centre. Email addresses (for example, hosted by a college) which are not under the direct control of the provider or intending provider may expose you to a breach of the General Data Protection Regulations as other organisations or people may have access to this information.
- In addition, please be advised that some web-based email services may be inadvertently blocked by our IT security systems or may be classified as spam or that emails from our @hiqa.ie address may be classified as spam by some web-based email services. Therefore, you may wish to check spam folders for correspondence from the Chief Inspector and if classed as spam amend their status to 'not spam'. If you are concerned or unsure of whether we are receiving your correspondence, please contact us.

### Subsection 1.4.1 Registered Provider's Representative

The Chief inspector must be able to effectively communicate with the provider in all matters where there are significant concerns or risks about the governance and operational arrangements and or the sustainable safety and welfare of residents. To that end, all provider entities (other than sole traders) can, in writing to the Chief Inspector, nominate a ***registered provider's representative***.

The registered provider's representative is not the registered provider but rather is the person or people put forward by the registered provider to represent it where the registered provider is a partnership, company, unincorporated body or statutory body. Where a provider chooses not to nominate a representative, the Chief Inspector will engage on escalated matters with:

- ✓ any director of the company or
- ✓ any partner of the partnership or
- ✓ any member of the committee of management or other controlling authority of an unincorporated body.

## Chapter 1 — Registration, renewal and variation applications

The Chief Inspector only needs to engage with the representative or those persons named above where there are any significant concerns or risk that we may identify that may impact on residents or children living in the designated centre. In such situations, the representative must have the knowledge, ability, autonomy and authority to answer for and act on behalf of the provider in relation to such matters. Conversely, for issues relating to the day-to-day management of the centre, the Chief Inspector will engage with the person in charge and other managers.

Where a provider chooses to nominate a registered provider's representative, it must inform us in writing of the name of its registered provider's representative. Providers can identify their representative in their application form when they are applying to register or renew the registration, or can email the person's details to [registration@hiqa.ie](mailto:registration@hiqa.ie) in the absence of an active application, such as when there is a change of registered provider's representative.

Where a registered provider's representative is nominated, this person **does not** replace the legal responsibilities of the registered provider under the Act. The person will be asked to explain how the provider assures itself that the service is complying with the Act, regulations and national standards.

Table 3 outlines examples of who we will accept as a registered provider's representative. Conversely, for day-to-day management and routine monitoring of the centre, we will engage with the person in charge and or other people participating in the management of the centre.

**Table 3. Examples of who can be a registered provider's representative**

Type of provider entity	Registered provider's representative
<b>Company</b>	A director of the company
<b>Partnership</b>	A partner of the partnership
<b>Unincorporated body</b>	A member of the committee of management or other controlling authority of the unincorporated body
<b>Statutory body</b>	Person with delegated authority as provided for by the relevant act for the statutory body

For more guidance on this role, please read the *Regulation handbook: A guide for providers and staff of designated centres* which is available to download from our website [www.hiqa.ie](http://www.hiqa.ie).

## Chapter 1 — Registration, renewal and variation applications

### Information specific to different types of designated centre

#### 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 (Ms, Mr, Dr), their first name and their 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 officer or managing director**

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 officer or managing director, please state their title (Ms, Mr, Dr), their first name and their 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 providing their title (Ms, Mr, Dr), their first name and their surname.

Please note:

- the number of 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 of the form.

If one or more directors have been identified as a company secretary, chairperson, chief executive officer or managing director, you should include their names in both sections. Therefore, some directors may be listed in more than one location on the form.

#### 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 for the chairperson or manager.

## Chapter 1 — Registration, renewal and variation applications

### Information specific to a statutory body

In addition to completing the contact information for the statutory body, a person in the organisation must be put forward to be **responsible** for the application and be the point of contact with the Chief Inspector on behalf of the statutory body for the application.

The person's contact details provided in this section will be used to deal with matters relating to your application. Please state the name and valid business contact details for the person. You must also state the person's role at the designated centre, such as 'CHO Manager'.

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 this person.

### 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 about the partnership authorisation arrangements.

- **Option '1' checkbox** — each partner named in 'subsection 1.4.1' is authorised to act independently on behalf of the partnership, and any **one** partner named is authorised to operate in all matters relating to the registration of the designated centre.
- **Option '2' checkbox** — all partners named must **operate together** in all matters relating to the registration of your designated centre.

Where partners operate jointly, all authorised 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 authorisation** — in this section, you should list the name of each partner that has been authorised to operate on behalf of the partnership, either independently or jointly. Please state the first name and surname of each partner.

## Chapter 1 — Registration, renewal and variation applications

**Partnership authorisation declaration** — each partner should read and understand the authorisation declaration. By signing the declaration, each partner is agreeing that the partner or partners listed in 'Subsection 1.4.1' are authorised to operate, independently or jointly, in all matters regarding the registration of the designated centre.

The number of partners that have signed the declaration should be the same as the number of partners identified in the partnership. The partnership authorisation declaration should be completed as illustrated in the following example.

We, the <b>undersigned partners</b> , authorize each partner named in subsection 1.4.1 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. Dr. John Smith	<i>John Smith</i>	1 Jan 2016
2. Mr. Joe Smith	<i>Joe Smith</i>	1 Jan 2016

### Section 1.5 of the application form

#### Overview of the role of people participating in management

The person or persons named in the application form, or in a subsequent notification<sup>‡</sup> to the Chief Inspector during the registration cycle, as the person or persons participating in management<sup>‡</sup> of a designated centre must ensure that the centre delivers a safe quality service on behalf of the registered entity.

Therefore, the Chief Inspector requires that the individuals who carry out this role\* are senior decision-makers who are authorised for and on behalf of the provider to make operational decisions which are implemented throughout the centre and service.

<sup>‡</sup> The requirement to notify the Chief Inspector of persons participating in the management of the centre (including the person in charge) as set out in the relevant Registration Regulations: Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended); Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended); Health Act 2007 (Registration of Designated Centres) (Special Care Units) Regulations 2017.

<sup>‡</sup> Section 50 of the Health Act 2007 (as amended) requires that each person participating in the management of the designated centre must be a 'fit person'.

\* Refer to assessing fitness guidance on the HIQA website.

## Chapter 1 — Registration, renewal and variation applications

Whenever a provider has to appoint several senior decision-makers as persons participating in the management of the centre, the provider must demonstrate solid governance to support effective operational decision-making and communication.

When a provider puts forward a person to participate in the management of the centre, under section 50 of the Act, and the Chief Inspector believes the nominated person does not meet these criteria, the provider will be given 10 working days to respond to the reason for the concern.

In order to assist providers in this area, detailed guidance on assessment of fitness is available on HIQA's website. Go to <https://www.hiqa.ie/reports-and-publications/guide/guidance-assessment-fitness-designated-centres> or search online for **Guidance on the assessment of fitness for designated centres**.

Should you have any queries about the role of persons participating in the management of the centre, please contact [registration@hiqa.ie](mailto:registration@hiqa.ie). The Registration Team will transfer your query to your case-holding inspector in the first instance, and afterwards the regional manager for your designated centre.

### Section 1.5 — management and staff details on the application forms

#### Person in charge

Please state the name of the person in charge. This person's name will be on the register and certificate. The person in charge must meet the requirements of the regulations to be the person in charge of the designated centre. They should have sufficient training and experience to deliver a good quality and consistent service to the residents and to the children and young people for whom they are responsible. They should also 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 (as amended), please see:

- the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) — see Regulation 14(1)
- the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 — see Regulation 14(1)
- the Health Act 2007 (Care and Welfare of Children in Special Care Units) Regulations 2017 (as amended) — see Regulation 13(1).

## Chapter 1 — Registration, renewal and variation applications

### Other people participating in management

Please state the name of each other manager involved in the designated centre. A person named as a person participating in management needs to be actively engaged in governing and managing the designated centre. This person or these people will be required to undergo an assessment of fitness based on section 50 of the Health Act 2007 (as amended) and will be named on the official public certificate of registration and our register of designated centres.

The applicant and or registered provider must send us **prescribed information**, as required by the regulations, for the person in charge and each person participating in management. Please see the prescribed information entry in section 3 of this chapter and also Chapter 2 for more guidance on the documentation that must be enclosed with your registration pack.

### What if the person in charge or the 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 currently on our register. If there has been a change of personnel in these roles, you should:

- complete this section with the new person's name
- submit the relevant notification form
- submit the prescribed information for the person only **once** (either by hard copy or soft copy but not both) as part of your registration pack or notification pack.

If the name of the person in charge or persons participating in management on the renewal application form:

- does not match the names on the register of designated centres **and**
- we have not received the relevant statutory notification in relation to such a change or changes,

this may delay your application as you will be required to clarify when the people named on the application to renew are due to take up their posts. If new personnel are currently in post under the existing registration, the relevant notification must be sent to us ahead of your application being processed. If a new person in charge or new people participating in management are not due to start in their posts until the commencement of the new registration, then the provider is not required to submit a separate statutory notification about these new managers.

## Chapter 1 — Registration, renewal and variation applications

### Management arrangements if the person in charge is absent

#### Disability



This section of the form only applies to an application to register or renew the registration of a **disability** centre. You are required to outline how the centre will be managed whenever the person in charge is absent.

In addition, where the person to be in charge of the designated centre is, or is proposed to be, in charge of more than one centre, you must also name the person who is responsible for managing the centre whenever the person in charge is **not present at the centre**.

Please note that under the care and support regulations, where the person in charge is going to be absent for a continuous period of 28 days or more (planned or unexpected), you must notify us of the proposed absence.

### Section 1.6 of the application form (contact person)

#### Nominated contact person

The registered provider or intending registered provider may nominate a 'contact person' for the application itself. 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 or renewal application pack only.

Please state the name and valid business contact details specific to the 'contact person'.

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 this person. However, the nominated contact person does not have to be a person participating in management in the current registered centre or intending registered centre.

## Chapter 1 — Registration, renewal and variation applications

### Section 1.7 of the application form

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

This section of the form is a checklist, so please tick the checkboxes provided to confirm that you have enclosed the following **essential criteria**:

- floor plans of the designated centre or proposed designated centre
- statement of purpose for the centre.

#### Floor plans of the designated centre

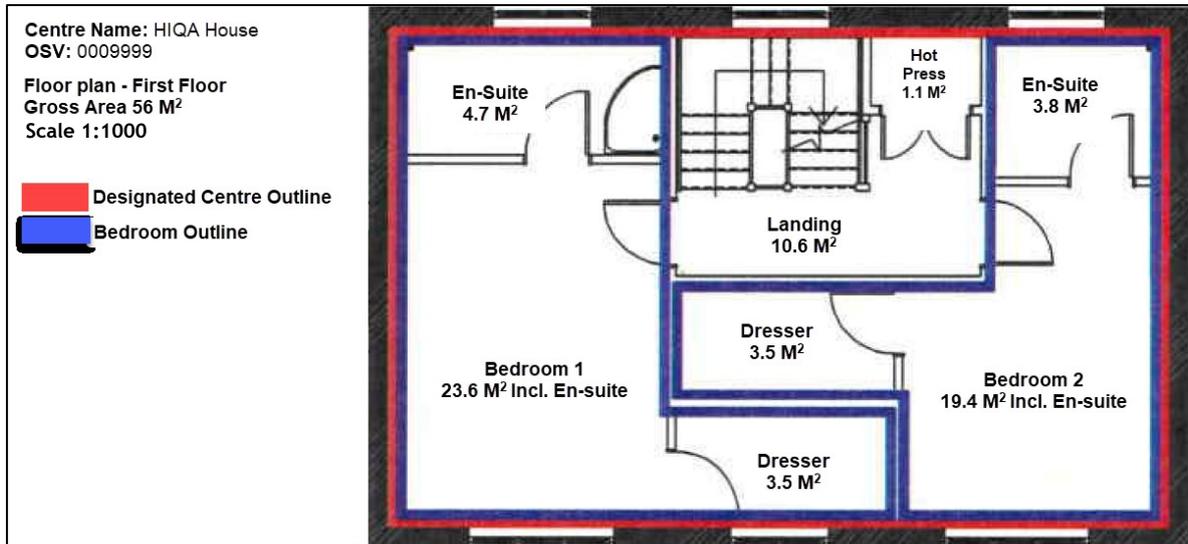
Please send us a complete set of floor plans for the designated centre. Floor plans must meet our floor plan criteria. Floor plans that do not meet the criteria will be returned unprocessed.

#### Floor plan criteria

You are not required to have the floor plans drawn up by an architect or other qualified person; however, they must be accurate, clear, legible and to scale. Floor plans submitted must meet the following criteria:

1. All areas on the floor plan must be clearly labelled (text must be clear).
2. All rooms must have dimensions within that room.
3. A clear scale; for example; 1:100, 1:250 and so on.
4. Have all parts of the designated centre outlined in red.
5. Have all overnight accommodation (bedrooms) outlined distinctively in blue, as illustrated on the following page.

## Chapter 1 — Registration, renewal and variation applications



6. PDF format which permits zooming into detail without losing quality (for soft copy).
7. Permits printing in larger paper size without losing quality; for example, page size 'A0'.
8. Each page of a floor plan needs to state the OSV and building or unit name or floor number (as appropriate).

Additional criteria required for designated centres for older people (DCOP) only:

9. All bedrooms must include a room number.

If submitting floor plans in soft copy, please email them to [registration@higa.ie](mailto:registration@higa.ie) or if submitting them in hard copy through the post, please ensure that the centre's name and OSV number (where an OSV has been issued) are on the floor plans. Having them clearly labelled this way will help us to easily identify which centre and provider or intending provider that they relate to. Please note, however, that floor plans which do not state the name of the centre and its OSV (where issued) on either the soft copy or the hard copy will be returned to the applicant and will delay the application.

### What if there is a change to the floor plans previously submitted?

Floor plans cannot be amended. If there is a change to the floor plans previously submitted the provider must submit:

- a new set of floor plans for the complete designated centre.

## Chapter 1 — Registration, renewal and variation applications

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

If a designated centre is made up of more than one building, the floor plan must include:

- a. a set of floor plans to scale for each building
- b. state the centre's ID (OSV) number on each set of floor plans
- c. 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, we will accept a written statement that there has been no change.

Please note that if the previous floor plans submitted **do not meet the above criteria**, a new set of floor plans must be submitted.

### Statement of purpose

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

- the **name** of the designated centre or proposed 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 residents' or children's profile, the ethos and governance arrangements, and the staffing arrangements.

## Chapter 1 — Registration, renewal and variation applications

### Section 1.8 of the application to register form (site visit)

#### **Readiness of site for assessment and decision (application to register)**

You must mark the checkbox, as illustrated below, to confirm that the designated centre site is ready for a site assessment at the time of submitting your application. In the event that the site is not ready, your application will be refused by the Chief Inspector.

By ticking this box the applicant confirms that at the time this application is submitted the site is ready for assessment and decision<sup>††</sup>



Please note that in the event that the site is not ready for assessment and decision the application will be refused.

#### **Site-visit guidance and self-assessment**

We have published guidance for disability centres and older people centres on being ready for the site visit as part of your application, which is available on the provider guidance pages of [www.hiqa.ie](http://www.hiqa.ie), as follows:

- [Are you ready for assessment of the application to register:- Guidance and checklist: Designated Centres for people with disabilities](#)
- [Are you ready for assessment of the application to register:-Guidance and checklist: Designated Centres for Older People.](#)

Chapter 1 — Registration, renewal and variation applications

**The declaration on the application form**

- Section 1.8 (on the application to renew form)
- Section 1.9 (on the application to register form).

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	
Name (print)	John Smith
Position	Director <input checked="" type="checkbox"/> Authorised signatory for and on behalf of the company** <input type="checkbox"/>
Signed	<i>John Smith</i>
Date	1 May 2022
Contact number (during office hours)	021 2409300

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.

Signed – we will only accept original signatures. Do not send us a photocopy of this section. If you are completing the form electronically, you must print the form, sign this section by hand and then post it to our Registration Office.

**Who should sign the declaration?**

The declaration should be signed by the applicant, registered provider or by a person authorised to do so. Please see Appendices 1 and 2 for information on who can sign the applications and or declarations.

**Who is an authorised signatory?**

If the applicant or provider is a company, a partnership or an unincorporated body, the applicant or provider may appoint an individual or individuals as an authorised signatory or authorised signatories to sign relevant documentation on its behalf in its interactions with the Chief Inspector. Please see [Appendix 2](#) for guidance on who is an authorised signatory.

## Chapter 1 — Registration, renewal and variation applications

### Section 2. Application fee

#### What is the application fee?

The application fee is one component required to make a complete and valid application. [Section 48](#) of the Health Act 2007 (as amended) 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 the relevant registration regulations as follows:
  - Regulation 4(3) in the case of older people
  - Regulation 5(4) in the case of persons with disabilities
  - Regulation 4(4) in the case of special care units.
- We will 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 registration application fee?

We only accept electronic funds transfer (EFT) payments for the registration application fee, using either online banking or through a bank. Therefore, please do not send us a cheque, postal order or bank draft, as it will be returned to you. Our Registration Team will accept a copy of the EFT payment confirmation as proof of payment for your application.

Our EFT details for paying the application fee (and for paying annual fees) are provided in [Appendix 3](#). After completing payment of your application fee, please forward a copy of your bank remittance (copy of proof of payment) to [AR@hiqa.ie](mailto:AR@hiqa.ie). In your email to us, please include the OSV number and centre name so that we can assign your payment on our records.



Please note that our banking details are the same for paying the registration or renewal application fees and for paying your annual fees (see [Chapter 3 for more information on paying annual fees](#)).

## Chapter 1 — Registration, renewal and variation applications

### Section 3. Prescribed information

Providers and or applicants must submit certain information and documents about themselves, the person in charge, other people involved in managing the centre, and — in the case of disability centres and special care units — for the designated centre itself.

This is called prescribed information, and includes, for example, proof of identity, a Garda Síochána<sup>†</sup> vetting report and details of previous experience operating a designated centre.

Section 3 is a checklist of prescribed information required to accompany your application to register or renew. This is a legal requirement set out in the registration regulations for [designated centres for older people, residential disability services](#), and [designated special care units](#).

#### Prescribed information for applications to register

Prescribed information as part of your application to register is not identical for older person centres, disability centres or special care units. It is your responsibility to ensure you submit the correct documentation for the service you provide, including prescribed information on the:

1. Designated centre itself (disability and special care units only).
2. Applicant or registered provider.
3. Person in charge.
4. Person or persons participating in management.

#### Prescribed information for applications to renew

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

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<sup>†</sup> Ireland's National Police and Security Service.

## Chapter 1 — Registration, renewal and variation applications

### Older persons



If you are applying to renew your registration for an older persons' service, you should complete:

- section 3.1 stating if there has been a change to information supplied with your previous application
- a statement of any changes to prescribed information previously submitted in a format specified by the Chief Inspector, where there has been a change.

For renewal applications, providers of designated centres for older people are no longer required to submit a statutory declaration when there has been no change to such prescribed information.

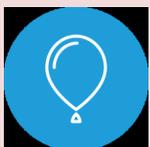
### Disability



If you are applying to renew registration for a designated centre for people with disabilities, 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.

### Special care



If you are applying to renew the registration of a special care unit, you should:

## Chapter 1 — Registration, renewal and variation applications

- 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 what you should submit, please see Chapter 2 on prescribed information.

### 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 to vary or remove any condition applied to the registration of the designated centre.

For us to process your application promptly, you must make an application under the Health Act 2007 (as amended). The four essential **criteria** used to determine if you have made a complete application are:

1. Application form (all sections complete).
2. Application fee paid electronically.
3. Additional documentation (where required).
4. If the condition you are applying to vary or remove references floor plans or the statement of purpose, these updated documents must be submitted with your application.

If one or more of the criteria fails to meet the requirements, your application **will not be processed** and we will:

- **post you back** all documents received as part of your registration pack
- **refund** any application fee paid to HIQA.

More information on making an application to vary is provided in our *Regulation Handbook*, which can found on [www.hiqa.ie](http://www.hiqa.ie).

#### 1. Application form to vary or remove conditions

The same form for applying to vary or remove conditions can be used across older people, disabilities and special care units. The '[Application for the Variation or Removal of a Condition of Registration Form](#)' should be completed in full and posted to us. Floor plans can be emailed to us once they meet the soft copy floor plan criteria.

## Chapter 1 — Registration, renewal and variation applications

### Section 1. Designated centre details

Please ensure this section is completed in line with the application form guidance provided earlier in this chapter ('Check you are using the correct form'), in relation to:

- Centre name
- Centre ID (OSV)
- Registered provider name (such as company name).

### Section 2 and Section 3 condition details

You must complete the 'Condition details' sections of the application form for each condition you are applying to vary or applying to remove. For example, if you are applying to vary two conditions of registration **and** are applying to remove one condition, you will need to complete **three** 'Condition details' sections in total. There are two such sections on the application form, Section 2 and Section 3. So if you are applying to vary or to remove **more than two conditions** of registration, please submit additional condition information on a photocopy of **Section 3**. If you are applying to vary a condition of registration, please state the requested variation.

The image shows a screenshot of the application form with two callout boxes. The first callout box points to Section 2 and says: "Please complete, 'Section 2. Condition details' if you are applying to vary or remove **one** condition." The second callout box points to Section 3 and says: "Please complete, 'Section 3. Condition details' if you are applying to vary or remove a **second** condition on the same application form." A third callout box points to the bottom of Section 3 and says: "If you are **applying to vary** a condition, please state the variation you are requesting here."

**Section 2. Condition details**

Please state the **condition** and the **condition number** you are applying to vary or applying to remove.

Condition number

Condition:

**Section 3. Condition details (if applying for more than one condition)**

Please state if you are applying to vary or applying to remove.

Condition number

Applying to vary

Condition:

If you are applying to vary or remove this condition, please state the variation you are requesting here.

Please state if you are applying to **vary** this condition or applying to **remove** this condition.

Applying to **vary**  Applying to **remove**

If you are applying to vary, please state the variation you are requesting.

## Chapter 1 — Registration, renewal and variation applications

### Section 2 and 3. Statement of Purpose

Please state the proposed variation and or removal of a condition of registration that you are requesting and the reasons for them. Please include your proposed amended statement of purpose, related to the change or changes requested, with your application.

Please state the <b>reason</b> for the proposed variation or removal of a condition of registration. (Include proposed amended statement of purpose related to the change requested)	
<b>Reason</b> for the proposed variation or removal of a condition of registration:	
Statement of purpose included? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

You should detail the **reasons** for the proposed variation or removal of a condition of registration here.

### Section 2 and 3. Floor plans

If you have identified on the application form that there have been structural changes or changes to the footprint of the registered designated centre, you must send us:

- ✓ a copy of the floor plans that reflect this change.

Confirm submission of these by ticking the checkbox as illustrated. You must also ensure that the centre is ready for assessment.

Will there be <b>structural changes</b> or <b>changes to the footprint</b> of the registered designated centre.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If you have ticked ' <b>Yes</b> ', please enclose the following information if relevant:	
Floor plan included?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Please read the guidance outlined in the earlier floor plans section of this chapter (section 1.7 of the application form) to ensure you submit the floor plans correctly.

## Chapter 1 — Registration, renewal and variation applications

### Section 2 and 3. Readiness of site for assessment and decision

You must mark the checkbox, as illustrated below, to confirm that the designated centre site is ready for site assessment at the time of submitting your application to vary or remove a condition of registration.

	<p>In the event that the site is not ready for assessment and decision, your application will be refused by the Chief Inspector.</p>
---	--

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<sup>†</sup>

Please note that in the event that the site is not ready for assessment and decision the application will be refused.

### Section 2 and 3. Impact of change

You must detail the impact that the proposed variation or removal of a condition of registration would have on the residents or children and any actions you have taken or intend to take to militate against any possible negative effects on residents or children.

Detail the impact of the change for residents and any actions you have taken or intend to take.		
	You should detail the impact of the change for residents and any actions you are taking or intend to take to militate against any adverse impact on residents.	
Do you have additional information or documentation <sup>†</sup> to support your application to vary or remove this condition?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
If you have ticked 'Yes', please provide details.	You should provide details of any <b>additional information</b> or <b>documentation</b> that supports your application.	

## Chapter 1 — Registration, renewal and variation applications

If you have any additional information or documents that would support your application to vary or remove the condition of registration requested, please check the box (as illustrated above) and provide details of all relevant information and or documentation.

Please ensure you enclose any additional documentation detailed.

### Section 4. Declaration by the registered provider

Before signing the **Application for the variation or removal of a condition of registration form**, consult the earlier guidance on the declaration (sections 1.8 or 1.9 of the application form in this chapter) and Appendices 1 and 2.

### 2. 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. Application fees for varying or removing a condition of registration are set out on the following Table 4 and related entries.

**Table 4. Summary of fees**

Application type	Disability	Older persons	Special care units
Variation	€100 per condition <sup>‡</sup>	€200 per application	€200 per application
Removal	€100 per condition	€100 per application	€100 per application

Further details are provided on the following page.

<sup>‡</sup> A major variation fee of €500, if appropriate, may also be applied, in line with the regulations.

## Chapter 1 — Registration, renewal and variation applications

### Disability



When applying to vary a condition or conditions of registration, the registration regulations specify a fee of €100 per condition for minor variations. So if you apply to amend two conditions, the fee is €200, and so on. The fee for major variations is specified as €500 per variation in the registration regulations.

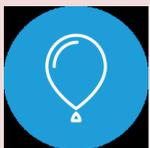
We reserve the right to apply a major variation fee if appropriate, in line with the regulations. The fee for applications to remove a condition is €100 for each condition. This means that if you are applying to remove one condition, the fee will be €100; for two conditions, the fee will be €200, and so on.

### Older persons



The fee for applying to vary a condition of registration is €200 per application, regardless of the number of conditions you are applying to vary. The fee for applying to remove a condition of registration is €100 per application, regardless of the number of conditions you are applying to remove. If you use one application form to apply for both variation and removal of conditions, the fee is €300.

### Special care units



In special care units, the fee for applying to vary a condition of registration is €200 per application, regardless of the number of conditions you are applying to vary. The fee for an application to remove a condition is €100, regardless of the number of conditions you are applying to remove. These are set out in the 2017 special care unit registration regulations. If you are applying to vary a condition and remove a condition using one application form, the fee is €300.

An application **is deemed to be invalid if the prescribed fee has not been paid** by the registered provider. Please see the earlier guidance outlined in this chapter (under **Section 2. Application fee**) and Appendix 3 to ensure that you complete the electronic funds transfer (EFT) correctly.

## Chapter 1 — Registration, renewal and variation applications

# Your notes

**Chapter 2 — Submitting prescribed information as part of a registration pack or a registration notification form**

Chapter 2 — Submitting prescribed information as part of a registration pack or a registration notification form

## Chapter 2 — Submitting prescribed information as part of a registration pack or a registration notification form

### Introduction to prescribed information

Prescribed information<sup>≤</sup> refers to supporting documentation which is required to accompany an application to register or renew registration. You must submit prescribed information for the:

- applicant or registered provider
- person in charge
- each person participating in management
- the designated centre itself (disability and special care units only).

#### Why must I submit prescribed information?

This is a legal requirement set out in the relevant registration regulations as follows:

- Regulation 4(2) in the case of [older people](#)
- Regulation 5(3) in the case of [persons with disabilities](#)
- Regulation 4(2)(a) in the case of [special care units](#).

#### When should I submit prescribed information?

- It is recommended that providers submit this information at the same time as the application to register or their application to renew their registration. It is the provider's responsibility to ensure that all required prescribed information is submitted.

#### Is there any other time I should submit prescribed information?

Yes, whenever there is a change to the person in charge or person participating in management of a designated centre, you must send us full and satisfactory information as outlined in the registration regulations as follows:

- Regulation 6 in the case of older people
- Regulation 7 in the case of persons with disabilities
- Regulation 6 in the case of special care units.

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<sup>≤</sup> Section 48(2), Health Act 2007 (as amended).

## Chapter 2 — Submitting prescribed information as part of a registration pack or a registration notification form

### What if prescribed information is incomplete or missing?

Prescribed information is a legal requirement under section 48 of the Health Act 2007 (as amended). As a result, a failure to comply with the legislation will be notified to your inspector and may impact on the Chief Inspector's decision to grant or refuse your application to register or renew registration.

It is your responsibility as the applicant or the registered provider to ensure you send us complete and correct documentation as outlined in this handbook.

### Examples of errors with prescribed information

While not an exhaustive list, the Chief Inspector has found the most common errors or omissions in relation to submitting prescribed information relate to:

- all the required prescribed information not being fully submitted
- Garda vetting disclosures not being submitted or not meeting the guidance as set out in this handbook.

Following submission of a complete and valid application, that is to say:

- ✓ the completed application form
- ✓ floor plan
- ✓ statement of purpose
- ✓ and the registration application fee,

if some or all of the prescribed information has still to be submitted, our Registration Office will issue a letter by email and post to the provider identifying the remaining items of prescribed information that must be submitted. In this letter, we will ask you to submit this information within 10 working days.

This time frame will be defined in the correspondence.

### Signatories for prescribed information forms

An individual authorised on behalf of an applicant or provider to sign an application to register or renew the registration of a designated centre will also be accepted as a signatory for prescribed information forms that require a signature. See [Appendix 2](#) for more details on authorised signatories.

## Chapter 2 — Submitting prescribed information as part of a registration pack or a registration notification form

Please be aware that afterwards, any prescribed information not provided to the Chief Inspector may result in escalated regulatory activity and may include the refusal by the Chief Inspector of the application to register or renew. Should you have any queries on prescribed information, you should contact our Registration Office at [registration@hiqa.ie](mailto:registration@hiqa.ie).

### Recently submitted prescribed information

#### What does 'recently submitted' mean?

If you have recently submitted prescribed information to us and the documents are valid, you **may not** be required to send us the documentation again. The validity of the prescribed information will depend on the:

- document type
- expiry date (if applicable).

Please read each entry on the **validity of prescribed information documents** throughout this chapter in order to identify how long each document type is valid for.

#### What about data protection in relation to people's personal data?

Only submit the information that is required in the registration regulations and information that may be requested by our Registration Office as part of your application and or ongoing registration. Do not send us information that is not required by the regulations or which we do not request. In particular, please do not send us personal data about residents or children in registered services or those who may be moving into new services.

#### What if I don't have a copy of what I recently submitted?

We recommend that you keep a copy of the registration application and notification documents that you submit to us; however, if you are unsure about the validity of your documentation, please contact our Registration Office.

The following image is an example of how to complete the 'recently submitted' section of the application form for registering or renewing registration.

## Chapter 2 — Submitting prescribed information as part of a registration pack or a registration notification form

**Section 3.1 Prescribed information for the applicant (Company).**

The following prescribed information **must** accompany your application form, unless recently submitted.

	Enclosed	Recently submitted
1. Proof of identity, that is to say a copy of the company's <b>certificate of incorporation</b> .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. <b>Company self declaration</b> form.**	<input checked="" type="checkbox"/>	
3. Details of any <b>previous experience</b> by the company of carrying on the business of a designated centre (if applicable). n/a <input type="checkbox"/>	<input checked="" type="checkbox"/>	

If you have ticked "**recently submitted**", please provide the centre name, centre ID (OSV), and date the documentation was submitted. Documents must be **valid**.<sup>††</sup>

Certificate or incorporation submitted with application to register HIQA House – OSV-0009999 on 01 May 2016.

*Callouts:*  
 - If you have recently submitted **valid** prescribed information, please tick the recently submitted checkbox.  
 - Please state the **centre's name, centre ID and date** the prescribed information was submitted for each document recently submitted.

## Prescribed information for the applicant or registered provider

You must send us the following prescribed information for the applicant or registered provider entity:

1. Proof of identity.
2. Garda Síochána<sup>‡</sup> vetting report.
3. Details of previous experience of carrying on the business of a designated centre in Ireland or elsewhere.

The document type that we will accept is specific to the applicant or registered provider entity type. Please ensure you send us the correct documentation for your entity.

<sup>‡</sup> Ireland's National Police and Security Service.

## Chapter 2 — Submitting prescribed information as part of a registration pack or a registration notification form

### Proof of identity

Proof of identity	Entity Type				
	Company	Partnership	Individual	Unincorporated body	Statutory body
Photographic identification		✓	✓		✓
Certificate of incorporation	✓				
Proof of existence				✓	

### Proof of identity for a company

We will accept a **copy** of the company's certificate of incorporation. Do not send us the original certificate of incorporation.

#### How long will the certificate of incorporation stay valid?

The certificate of incorporation **does not expire**. If you have sent us a copy of this documentation previously, you are not required to submit it again. You should tick the 'recently submitted' checkbox.

### Proof of identity for a partnership, individual, and statutory body

To prove identity, we will accept a **copy** of photographic identification for:

- each partner in a partnership
- the individual or sole trader
- the person responsible on behalf of a statutory body.

Photo ID submitted must meet our requirements as outlined in the photographic identification section of this chapter. Do not send us the original document.

## Chapter 2 — Submitting prescribed information as part of a registration pack or a registration notification form

### How long will photographic identification stay valid?

Photographic identification is valid according to the date identified on the documentation.

- If you recently submitted photographic identification to us and the document is in date, you are not required to submit this again. You should tick the 'recently submitted' checkbox.
- If the photographic identification you previously submitted is now expired or out of date, you must submit up-to-date photographic identification.

### Proof of identity for an unincorporated body

We will accept one of the following documents as proof of existence of the unincorporated body:

- if you are a charity, a copy of your up-to-date registration from the Charities Regulator
- a recent bank statement (dated within the last six months) showing the unincorporated body as the account holder
- up-to-date Tax Clearance Certificate or other documentation from the Revenue Commissioners addressed to the unincorporated body
- an up-to-date unincorporated body's charter or constitution.

Please send us a photocopy only — do not send original proof of existence.

If you are unable to provide any of the above documentation, please contact our Registration Office as other documentation may be acceptable as proof of identify.

### How long will proof of existence for an unincorporated body stay valid?

Proof of identity for the unincorporated body does not expire. If you sent us a copy of this documentation previously, you are not required to submit it again whenever you are renewing your registration. You should tick the 'recently submitted' checkbox.

## Chapter 2 — Submitting prescribed information as part of a registration pack or a registration notification form

### Garda Síochána (police) vetting or self-declarations for the applicant or registered provider

The type of vetting documentation required is specific to the applicant or registered provider entity. The Garda Síochána National Vetting Bureau conducts Garda Vetting (police vetting) on people who intend to work with or volunteer with children or vulnerable persons. It provides potential employers and voluntary sector organisations with relevant criminal history information on people applying for relevant work.<sup>◇</sup> Please read the guidance relevant to your entity type.

Type of vetting document	Entity Type				
	Company	Partnership	Individual	Unincorporated body	Statutory body
HIQA National Vetting Bureau Invitation Form (Garda vetting)		✓	✓		N/A
Company self-declaration	✓				N/A
Unincorporated body self-declaration				✓	N/A

### Self-declarations by a company and an unincorporated body

Company directors and members of an unincorporated body are **not required** to complete a National Vetting Bureau Invitation Form. The application to register or renew registration states that you should complete one of the following HIQA forms (enclosed with your registration pack), depending on your entity type:

- **Company self-declaration form** if the applicant and or registered provider entity is a company.
- **Unincorporated body self-declaration form** if the applicant and or registered provider entity is an unincorporated body.

<sup>◇</sup> For further information, see <https://vetting.garda.ie/> and <https://www.citizensinformation.ie/en/>.

## Chapter 2 — Submitting prescribed information as part of a registration pack or a registration notification form

Should you choose to use our form, the form must be:

- **dated** within six months of submitting your application to us
- **signed** by the appropriate person:
  - for a company, this should be an officer of the company, such as a director, company secretary, chief executive officer or managing director, or authorised signatory in line with guidance in this handbook
  - for an unincorporated body, this should be a manager, chairperson or a member of the unincorporated body.
- **completed** in full in line with the guidelines below.

### Vetting

#### Company and unincorporated body self-declaration forms

##### Section 1. Company details or unincorporated body details

This section is unique to the entity type. Please read the relevant guidance that applies to you.

**Company details** — the company's name, address and company number must match the information on the Companies Registration Office register. You can check the registered name, address and registered number of the company by going to [www.cro.ie](http://www.cro.ie).

**Unincorporated body details** — the unincorporated body's name and address should be the same as the information provided in your application form.

**Name of the person completing this form** — please state the first name and surname of the person who is completing the form on behalf of the body.

- In the case of a **company**, this person must be a director or another officer of the company, such as company secretary, chief executive officer or managing director, or authorised signatory in line with guidance in this handbook.
- In the case of an **unincorporated body**, the person must be a manager, a chairperson or a member of the unincorporated body.

**Role of the person** — please tick the checkbox that reflects the role of the person. We will only accept forms signed by a person who carries out one of the roles identified on the form.

**Chapter 2 — Submitting prescribed information as part of a registration pack or a registration notification form**

**Vetting**

**Section 2. Declaration**

In signing this form, the person doing so is declaring that there are no convictions recorded against the **company** or **unincorporated body** except for those listed in 'Schedule 1' of the declaration (see next entry below), either in the Republic of Ireland or elsewhere.

Name (print)	John Smith
Position	Director <input checked="" type="checkbox"/>
	Authorised officer of the company <input type="checkbox"/>
Signed	<i>John Smith</i>
Date	01 May 2016
Contact number (during office hours)	021 240 9300

You should print, **sign** and return the form via post with your registration pack.

**Schedule 1**

Please list any convictions recorded against the company entity or unincorporated entity in this section. This refers to the entity's conviction or convictions for any criminal offence. If the applicant or registered provider is unsure about what type of information should be disclosed in this section, the applicant or registered provider may wish to seek legal advice on the matter.

<b>Schedule 1.</b>
List of convictions (if applicable).
<b>N/A</b>

If there are no convictions recorded against the entity, please state that this section is not applicable.

## Chapter 2 — Submitting prescribed information as part of a registration pack or a registration notification form

### Vetting

#### Can I submit other types of vetting documentation for a company or unincorporated body?

Yes, we will also accept:

1. A photocopy of the National Vetting Bureau disclosure report for the company or the unincorporated body. This must be dated within six months of submitting your application to us.
2. A declaration by the company or unincorporated body, in a format other than the HIQA form, stating there has been no conviction, or listing each conviction recorded against the company either in the Republic of Ireland or elsewhere. The declaration must be:
  - signed by the appropriate person:
    - an officer of the company, such as a director, company secretary, chief executive officer or managing director, or authorised signatory in line with guidance in this handbook, or
    - a manager, chairperson or a member of the unincorporated body
  - an original document with an original signature
  - dated within six months of submitting your application.

### Vetting

#### Partnership or individual (sole trader)

If the applicant and or registered provider entity is a partnership or individual (sole trader), we will process a Garda vetting request through the National Vetting Bureau's eVetting system. A **HIQA National Vetting Bureau Invitation Form** (included in your pack) must be completed by:

- each partner in a partnership, and
- an individual or sole trader.

We will only accept **HIQA-specific forms** (as illustrated on the following page) with an original signature and:

- dated within six months of submitting your registration pack
- completed in line with National Vetting Bureau guidelines (listed on the first page of the form).

We will be unable to process your form if it is completed incorrectly.

## Chapter 2 — Submitting prescribed information as part of a registration pack or a registration notification form

Health Information and  
Quality Authority  
Unit 1301, City Gate  
Mahon, Cork  
T12 Y2XT



Your Ref:

Form NVB 1

### Vetting Invitation

#### eVetting system steps:

1. On receipt of a complete HIQA National Vetting Bureau Invitation Form, we will confirm proof of identity for the vetting applicant.
2. The vetting subject will receive an email (to the email address provided on the invitation form) with a link to the National Vetting Bureau's eVetting system.
3. The vetting subject must complete the vetting application form online and click 'submit'.
4. We will check the vetting application form and once satisfied that it is fully and correctly completed, we will submit it to the National Vetting Bureau.
5. The National Vetting Bureau will process the application and send the disclosure to us through the eVetting system.

A photocopy of the disclosure released by the National Vetting Bureau will be made available to the vetting subject on request.

## Chapter 2 — Submitting prescribed information as part of a registration pack or a registration notification form

### Vetting

#### Statutory body

A Garda vetting report for the person responsible for the application on behalf of the statutory body is **not required**.

#### How long will the vetting document stay valid?

The vetting documentation you submit to us will not be requested again for three years. You will be required to submit up-to-date Garda vetting documentation when you are renewing the registration of a designated centre.

If you have recently submitted a Garda vetting document to us (a self-declaration form or a HIQA National Vetting Bureau Invitation Form), you are not required to submit this form again if:

- you have submitted the form already and the date of the form is within the last two years or
- there has been no change to the information previously supplied in either form.

You should tick the '**recently submitted**' checkbox on the prescribed information checklist.

If the vetting documentation is not dated within the last two years **or there has been a change** to the information previously supplied, you should submit up-to-date vetting documentation.

#### Photocopy of a Garda vetting report for the person in charge and person participating in management

You are required to send us a **photocopy** of the Garda vetting report (disclosure) obtained by the applicant or registered provider for the person in charge and person participating in management:

- when you are completing an application to register
- every **three years** afterwards with an application to renew or
- as part of an NF30 or NF31 notification form.<sup>‡</sup>

<sup>‡</sup> NF30 (change, absence or return of the person in charge) and NF31 (change of people participating in management).

## Chapter 2 — Submitting prescribed information as part of a registration pack or a registration notification form

We will accept a photocopy of a National Vetting Bureau report (disclosure). This must be a clear copy and the person's name and details clearly identifiable. The date on the report must be dated within six months of submission to the Chief Inspector.

### How long will the vetting documentation stay valid?

A photocopy of vetting documentation will not be requested again for three years. You will be required to submit up-to-date Garda vetting documentation for the person in charge and person participating in management when you are renewing the registration of the designated centre.

However, if the person has moved to a new designated centre with a different registered provider, the applicant or registered provider will be required to submit a copy of a current Garda Vetting report for the person, as enclosed with the relevant registration or notification pack.

### What if I have recently submitted this documentation?

You should tick the 'recently submitted' checkbox on the prescribed information checklist if the vetting report (disclosure) recently submitted is:

- dated within the last two years
- there has been no change to the information previously supplied
- the person has not moved to another designated centre with a different registered provider.

If the vetting report (disclosure) is not dated within the last two years **or there has been a change** to the information previously supplied, you should submit an up-to-date photocopy of a National Garda Vetting Bureau report (disclosure) for the person.

---

### Photocopy of vetting information from police authorities in other states (special care units only)

In special care unit applications, you may need to send us a **photocopy** of the vetting information from police authorities in another state or other states. This is required for the person in charge and person participating in management of the special care unit if the person has lived in another state for six months or more.

## Chapter 2 — Submitting prescribed information as part of a registration pack or a registration notification form

### Details of any previous experience

As part of your registration or renewal application, you must submit details of previous experience for the entity (individual, partnership, company, unincorporated body and statutory body) that will carry on or is carrying on the business of the designated centre in Ireland or a similar residential service outside of Ireland.

#### We will accept:

1. A list of designated centres operated by the entity in Ireland or a similar residential service outside of Ireland or
2. A 'tick' in the N/A checkbox if the entity does not have previous experience of carrying on the business of a designated centre in Ireland or elsewhere.

### How long will details of previous experience stay valid?

Details of previous experience do not expire. If there has been no change to the information previously submitted, you are not required to submit this documentation again. You should tick the 'recently submitted' checkbox on the prescribed information checklist.

If there is a change to the information previously submitted, you will be required to submit up-to-date details of previous experience for the entity.

## Prescribed information for persons in charge and other managers

Prescribed information for a person in charge or a person or people participating in management must be submitted with an:

- application to register
- application to renew registration:
  - if the person has not previously submitted this form or
  - if there has been a change to the information previously supplied on the personal information form
- NF30A notification form — new person in charge
- NF31 notification form — new person participating in management.

## Chapter 2 — Submitting prescribed information as part of a registration pack or a registration notification form

### What prescribed information should I submit for the person in charge and each person participating in management?

Prescribed information required for the person will vary depending on the **service** provided at your designated centre. It is your responsibility to ensure you send us the correct documentation. Please use the following Table 5 as guidance.

**Table 5. Prescribed information for persons in charge and other managers**

Prescribed information — person in charge and each person participating in management	Service type		
	Disability	Older persons	Special care units
Personal information form	✓	✓	✓
Copy of current photographic identification	✓	✓	✓
Copy of a current Garda vetting report (disclosure)	✓	✓	✓
Vetting information from police authorities in other state or states if the person has lived in another state for six consecutive months or more.	Not required	Not required	✓
Copy of the person's birth certificate	✓ <sup>^</sup>	Not required	Not required
Copy of relevant qualifications	✓	✓	✓
Two HIQA Reference Forms	✓	Not required	✓
Medical Declaration Form	✓	Not Required	✓

<sup>^</sup>Note: where the birth certificate is not available, a certificate of adoption is acceptable.

## Chapter 2 — Submitting prescribed information as part of a registration pack or a registration notification form

### Personal information form

The personal information form should be completed for the person in charge and each person participating in management at the designated centre.

#### How long will the personal information form stay valid with HIQA?

The information you send us in this form is specific to the designated centre where the person works and is valid **unless** there has been:

- a. a change to any information previously supplied in the form, such as work history or qualifications or
- b. a change of designated centre where the person works — in this case you should submit a new form with updated information.

You are not required to resubmit the personal information form if you have previously submitted a form and if:

- there has been no change to the information previously supplied and
- the role of this person has not changed at the designated centre.

#### How do I complete the personal information form?

We will accept personal information forms completed by the registered provider that:

- are dated within three months of submitting your registration pack
- have an original signature (please do not send us a photocopy) and
- are completed in line with the following guidelines.

#### Section 1 of the personal information form — designated centre details

In this section, you should tell us the name and associated centre ID (OSV) of the designated centre. If the person who is subject of this form has the **same role in more than one designated centre (up to 2 designated centres for older persons)**, please include the name of each designated centre and its OSV number in this section or attach a list of each designated centre and its associated OSV.

## Chapter 2 — Submitting prescribed information as part of a registration pack or a registration notification form

### Section 2 of the personal information form — contact details for the person

Please tick the checkbox that relates to the role of the person.

If the name is different to what is on the person's birth certificate (or a certificate of adoption if a birth cert is not available) or photographic identification, please note this on the form. The person's name and business phone number provided in this section will be included on our public register of designated centres and your certificate of registration.

### Section 3 of the personal information form — registration with a professional regulatory body

**Professional body** — please state the name of the professional body that the person is registered with. Professional regulatory bodies relevant to this form may include:

- An Bord Altranais agus Cnáimhseachais na hÉireann — the Nursing and Midwifery Board of Ireland (NMBI), see [www.nmbi.ie](http://www.nmbi.ie)
- CORU, Ireland's multi-profession health regulator, see [www.coru.ie](http://www.coru.ie)
- Medical Council (Republic of Ireland), see [www.medicalcouncil.ie](http://www.medicalcouncil.ie).

**Registration numbers** — please state the registration number associated with the person's registration.

**Registration status** — please also state the status of your registration with the professional body, that is to say either active or inactive.

### Section 4 of the personal information form — qualifications

Please list the relevant qualifications or accredited training for the person which demonstrates their eligibility to be a person in charge or person participating in management in line with the regulations. 'Relevant' refers to any qualification that is related to the role of the person in charge or person participating in management. You should include the following information as it appears on the award:

- name of the qualification
- name of the awarding body
- date of the award.

You are required to submit a **photocopy** of each document listed in this section (please do not send originals).

## Chapter 2 — Submitting prescribed information as part of a registration pack or a registration notification form

If you have provided **an active** Nursing and Midwifery Board of Ireland personal identification number (PIN), you do not have to provide a copy of the relevant qualification.

### Section 5 of the personal information form — employment history

This section should reflect the person's employment history, including each period of employment (including employment outside of Ireland), study, and any gaps in employment. Please start with the person's current role and provide the following information:

- **Start and end date** for each period. Do not leave any gaps.
- **Name and address** of every place the person has worked or studied.
- **Job title and position** details for each role, including employment type, such as full-time, part-time or voluntary. If there is a gap, please state the reason for the gap; for example, career break or maternity leave.
- **Reason for leaving** should reflect the reason why the period of employment, study or gap in employment ended.

### Section 6 of the personal information form — verification of previous employment

#### Has this person ever worked with vulnerable adults or children in a previous role?

When completing this section, please tick one of the following options:

- **'Yes'** — if the person's employment history identifies that they have worked directly with children or vulnerable adults. If **yes**, you must complete 'Subsection 6.1' of the personal information form.
- **'No'** — if the person's employment history does not identify that they have worked directly with children or vulnerable adults. If **no**, go next to 'Section 7' of the personal information form.

## Chapter 2 — Submitting prescribed information as part of a registration pack or a registration notification form

A 'vulnerable person' is defined in the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 as follows:

'a person, other than a child, who—

- (a) is suffering from a disorder of the mind, whether as a result of mental illness or dementia,
- (b) has an intellectual disability,
- (c) is suffering from a physical impairment, whether as a result of injury, illness or age
- (d) or has a physical disability

which is of such a nature or degree—

- (i). as to restrict the capacity of the person to guard himself or herself against harm by another person, or
- (ii). that results in the person requiring assistance with activities of daily living including dressing, eating, walking, washing and bathing.'

For the purpose of this form, a person in an acute hospital setting is not necessarily a vulnerable person. If the person's previous employment was a nurse in an acute hospital setting, they do not have to tick '**Yes**' in respect of this employment.

### Subsection 6.1 of the personal information form

This section should be completed if the person has worked with vulnerable adults or children in a previous role. You should state if you have 'verified the reason why the employment or position(s) has ended for each period of employment' by ticking either the '**Yes**' or '**No**' checkbox.

- If you have ticked the '**Yes**' checkbox, you are declaring that you are satisfied with the reason given for why the employment in the previous position ended.
- If you have ticked the '**No**' checkbox in the text box provided, please provide the reason for not verifying why the position or employment ended. This may include a situation whereby it is not reasonably practical to obtain verification; for example, if the previous employer is no longer operational.

## Chapter 2 — Submitting prescribed information as part of a registration pack or a registration notification form

### Section 7 of the personal information form for special care units only — details of previous experience



The content of section 7 of the personal information forms differs between special care, disability and older people, as follows:

- Section 7 of the special care unit form deals with prior experience of managing a unit or other service.
- Section 7 of the designated centre for older people (DCOP) and designated centre for disability (DCD) forms is the declaration section which is signed.
- On the special care form, the declaration section for signing is section 8.

On the special care unit form, section 7 should be completed if the person has ever been involved in managing a special care unit or services registered with another regulator or social care sector in Ireland or in another state.

- If you have ticked the 'Yes' checkbox, you should go to section 7.1 and list the designated centres in which the person has participated in management.

### Personal information declaration by the registered provider

- **Section 7 of the DCOP and DCD forms**
- **Section 8 of the special care unit form**

The declaration should be signed by the applicant, registered provider or by a person authorised by the applicant or registered provider to sign for and on behalf of the company, partnership or unincorporated body. Please see [Appendix 1](#) for who can sign the declaration and [Appendix 2](#) for guidance on authorised signatories.

[Click here to return to Section 5 of the medical declaration form — declaration by the registered provider](#)

### Who is an authorised signatory?

If the applicant or provider is a company, a partnership or an unincorporated body, the applicant or provider may appoint an individual or individuals as an authorised signatory or authorised signatories to sign relevant documentation on its behalf (such as the completed personal information forms).

**Chapter 2 — Submitting prescribed information as part of a registration pack or a registration notification form**

**Photo identification for the person in charge, managers, partners or sole traders**

You are required to submit documentation to prove the identity of:

- the person in charge
- each person participating in management
- each partner in a partnership and
- an individual sole trader.

Photocopied documents must include a clear photograph, the person’s name and date of birth.

**Irish citizens**

We will accept a **photocopy** of the following documents (do not send us originals):

- a valid Irish passport which has not expired
- a valid Irish passport card (as illustrated) which has not expired
- a valid Irish driving licence or learner permit which has not expired.

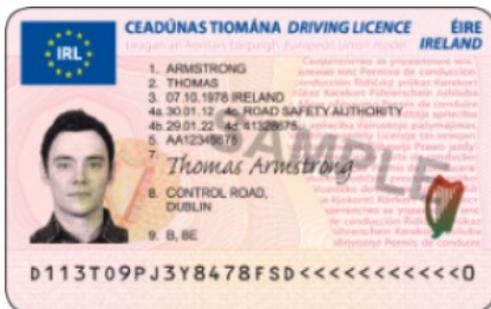


Image: [www.ndls.ie](http://www.ndls.ie)



Image: [www.dfa.ie](http://www.dfa.ie)

**Non-Irish citizens**

We will accept a **photocopy** of the following documents (do not send us originals):

- a valid passport which has not expired
- for EU, European Economic Area (EEA) countries<sup>±</sup> and Swiss citizens, a valid national ID card
- a valid UK driving licence which has not expired.

<sup>±</sup> The EEA comprises EU member states along with Norway, Iceland and Liechtenstein.

## Chapter 2 — Submitting prescribed information as part of a registration pack or a registration notification form

If the person does not hold any of the above, we will accept a current photograph of the person and a photocopy of the person's birth certificate or adoption certificate.

### How long will this document stay valid?

Photographic identification is valid in line with the date identified on the document itself.

If the document previously submitted to us is **in date**, you should tick the 'recently submitted' checkbox on the prescribed information checklist.

If the document **has expired or changed** (including name and address), you should submit up-to-date photographic identification.

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## Birth certificate or adoption certificate requirement for designated centres for people with disabilities

Applicants and or registered providers for designated centres for persons with disabilities are required to submit a copy of a birth certificate for the person in charge and each person participating in management.

This is a legal requirement set out in schedule 3 of the registration regulations for designated centres for persons with disabilities. Where the birth certificate is not available, we will accept a certificate of adoption.

### What should I submit?

We will accept a photocopy of the person's birth certificate or certificate of adoption if a birth certificate is not available. The photocopy should be clear and the person's name and date of birth should be identifiable. Please **do not** send us the original birth certificate or adoption certificate.

### How long will the birth certificate or adoption certificate stay valid?

The birth certificate or adoption certificate does not expire. If you have previously sent us a copy of the person's birth certificate or adoption certificate, you are not required to do so again. You should tick the 'recently submitted' checkbox on the prescribed information checklist.

## Chapter 2 — Submitting prescribed information as part of a registration pack or a registration notification form

### Copy of qualifications for persons in charge and managers

#### What should I submit?

You are required to submit documentary evidence of any relevant qualifications or accredited training in respect of the person in charge and each person participating in management.

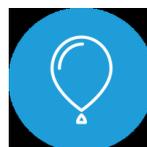
**We will accept** a photocopy of qualifications or accredited training that has been identified for the person in section 4 of the personal information form ('Qualifications'). Do not send us original documents. Please ensure all photocopies are legible and state:

- the person's name
- the qualification or training awarded and
- the date of the award.

#### What if I cannot obtain documentary evidence?

If you are unable to provide a photocopy of the qualification or accredited training, you should submit a declaration stating the reasons why you cannot do so. Our inspectors will review the information on its receipt and may contact you directly if further clarification is required.

### Guidance on completing the reference forms (disability and special care units)



Applicants or registered providers for designated centres for persons with disabilities and special care units are required to submit two HIQA reference forms for the person in charge and for each person participating in management at the designated centre.

## Chapter 2 — Submitting prescribed information as part of a registration pack or a registration notification form

### Who should complete the HIQA reference forms?

One HIQA reference form must be completed for the person's last employment. We will accept forms completed by the person's:

- previous employer (last employment) or
- previous line manager in their last employment.

If you are unable to obtain a reference from the person's last employer or line manager, we will accept a declaration stating the reason or reasons why you cannot obtain this reference, **in addition** to a HIQA reference form completed by one of the following:

- the person's current line manager or
- the person's previous line manager in their current employment.

A second HIQA reference form should be completed by a referee in a professional capacity who previously or currently works with the person, such as a medical professional. This referee should be able to vouch for the suitability of the individual in their role as person in charge or person participating in management of a designated centre.

### Is there any type of reference not accepted?

We will not accept reference forms completed by a friend, relative, resident or relative of a resident. All references must be submitted in the format of the HIQA reference form.

### How long will the reference form stay valid with HIQA?

A HIQA reference form contained within the application, renewal pack or registration notification (for change of persons participating in management, including change of person in charge, in special care and disability only) does not expire.

If you have previously completed two HIQA reference forms and the person's role in the designated centre has not changed, you do not have to resubmit the forms. In such cases, you should tick the 'recently submitted' checkbox in the prescribed information checklist.

## Chapter 2 — Submitting prescribed information as part of a registration pack or a registration notification form

If your role within the provider entity has changed since the previous grant of registration, you should submit one new reference using the HIQA form contained within the application or renewal pack or following related registration notifications. See **Sections 2 to 6 of the reference form** below for further details.

### **What should I submit if the person's role has changed from a person participating in management to a person in charge?**

If the person's role in the designated centre has changed from the role of person participating in management to a person in charge, you are required to submit **one** additional reference form from the person's previous employer or line manager vouching for their suitability to be a person in charge of a designated centre.

### **What if the person has submitted reference forms while with another provider or applicant organisation?**

If the person is new to the organisation but has previously submitted HIQA reference forms while employed by another organisation, you should submit **one** additional HIQA reference form from the person's previous employer or previous line manager.

### **Who should submit the reference form to the Registration Office?**

It is the responsibility of the applicant and or registered provider to ensure that two HIQA reference forms are sent to our Registration Office:

- as part of your registration pack or
- with an NF30 (change, absence or return of the person in charge) or
- NF31 (change of people participating in management) notification form.

The referee should return the form directly to our Registration Office; however, if the referee chooses to return the form to the applicant or registered provider, the forms should be enclosed with the relevant registration pack or notification.

### **When and how do I complete the HIQA reference form?**

We will accept a complete reference form with original signatures within three months of submitting your registration pack. Please follow the form completion guidelines.

## Chapter 2 — Submitting prescribed information as part of a registration pack or a registration notification form

### Section 1 of the reference form: designated centre details

This section of the form should be completed by the applicant and or registered provider.

Section 1. Designated centre details	
Centre name	HIQA House
Centre ID (OSV)	OSV-0009999
Centre address	Unit 1301 City Gate Mahon Cork T12 Y2XT

Please state the **name**, associated **centre ID** and **address** of the designated centre where the person works.

### Section 2 of the reference form: the person's details

This section should be completed by the applicant and or registered provider.

- **Please tick the relevant role** — please tick the checkbox relating to the role of the person who is the subject of the reference form: either **a person in charge** or **a person participating in management**.
- **Name** (person in charge or a person participating in management) — please state the name of the person who is the subject of the reference form. The name entered in this section should match the name entered in the application form or notification form.
- **How does this person know the referee** — please identify the relationship between the person named in the previous section and the referee; for example, "the referee is a former work colleague."

## Chapter 2 — Submitting prescribed information as part of a registration pack or a registration notification form

### Section 3 of the reference form: referee's details

This section of the form should be completed by the referee. Information provided in this reference form will be used by inspectors to assess the fitness of the person in charge or person participating in management. We may contact the referee via email or telephone if more information is required.

Please state the following:

**Name and occupation of the referee** — the name and occupation of the person who is providing the reference.

**Contact number** — please enter a daytime contact telephone number for the referee.

**Business email address** — provide a valid business email address for the referee.

#### Type of reference being provided

- Please tick the 'Previous employer reference' checkbox if you are the person's most recent employer or line manager (last employer or current employment).
- Please tick the 'Professional character reference' checkbox if you are providing a character reference in a professional capacity.

#### How long have you known this person?

The referee should provide an approximate time frame of how long they have known the person.

#### Have you previously worked together?

Please tick either the 'Yes' or 'No' checkbox. If you have ticked 'Yes', please state the name of the place where you both worked and your roles at that time.

### Section 4 of the reference form: attributes

The referee should use the 1–4 scale provided on the reference form to measure how the person has demonstrated four key attributes in a role where the referee has known the individual.

Continued on next page

## Chapter 2 — Submitting prescribed information as part of a registration pack or a registration notification form

If the referee has not worked with the person in a capacity that would allow them to comment on these attributes, please tick the zero checkbox as illustrated in the following example.

Attribute 1: Integrity and good character				
0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input checked="" type="checkbox"/>
Attribute 2: Competent and capable in their role				
0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input checked="" type="checkbox"/>
Attribute 3: Demonstrated participation in management and governance				
0 <input checked="" type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

### Section 5 of the reference form: other information

This section of the form should be completed by the referee. In relation to the question

**Have you any reason to be concerned about this person having access to vulnerable adults or children?**

vulnerable adults may include older people or people with disabilities.

The referee should tick either the 'Yes' or 'No' checkbox. If the referee ticks the 'Yes' checkbox, please ensure that you note details of the concern in the text box provided.

In relation to the question

**Do you wish to bring any other information about this person to the attention of HIQA?**

the referee should tick either the 'Yes' or 'No' checkbox.

Please tick the 'Yes' checkbox if there is other information relevant to the person and their role of person in charge or person participating in management that may not have been accounted for in previous questions. If the referee ticks this 'Yes' checkbox, please provide details in the text box underneath.

## Chapter 2 — Submitting prescribed information as part of a registration pack or a registration notification form

### Section 6 of the reference form: declaration by referee

The referee must sign and date the reference form. We will only accept reference forms with an original signature. If you send this form by email, please ensure the original form is also posted directly to our Registration Office (address details are provided at the end of the HIQA reference form).

The medical declaration form (**disability** and **special care** applications and renewals)



<p><b>Health Information and Quality Authority</b></p> <p><b>Medical declaration form*</b></p>	 <p><b>Health Information and Quality Authority</b> An tÚdarás Um Fhaisnéis agus Cailíocht Sláinte</p>
<p><b>Section 1. Designated centre details.</b></p>	

Applicants and or registered providers for (a) designated centres for persons with disabilities and (b) designated special care units are required to submit a HIQA medical declaration form as outlined below.

The evidence must demonstrate that the person in charge and each person participating in management is physically and mentally fit for the purposes of the work that they are to perform at the designated centre.

#### What should I submit?

You should send us a **HIQA medical declaration form** signed by the applicant or registered provider and accompanied by:

- a medical certificate or
- a declaration of physical and mental fitness.

## Chapter 2 — Submitting prescribed information as part of a registration pack or a registration notification form

### How long is the medical declaration valid?

A medical declaration is valid for three years from the date of the medical certificate **or** declaration of physical and mental fitness form **unless** the person changes organisation.

### When does updated information need to be sent in?

You will be required to submit up-to-date evidence for the person in charge and person participating in management when:

- you are renewing the registration of the designated centre or
- if the person has moved to a new designated centre with a different registered provider.

### What if I have recently submitted this documentation?

On the application form (see the examples illustrated below and on the following page), you should tick the 'recently submitted' checkbox if a medical declaration has been submitted for the person in the last two years and:

- the form is dated within two years
- there has been no change to the information previously supplied and
- the person has not changed designated centre (for example, when a new provider takes over the running of an existing centre).

Section 3.2 Prescribed information to accompany your application to renew		
The following prescribed information <b>must</b> accompany your application to renew form, unless recently submitted.	Enclosed	Recently submitted
1. <b>Up-to-date</b> prescribed information where a change has been identified in section 3.1 (page 15).	<input type="checkbox"/>	<input type="checkbox"/>
2. <b>Copy of a current</b> Garda vetting disclosure for the person in charge and each person participating in management.	<input type="checkbox"/>	<input type="checkbox"/>
3. <b>Current</b> medical declaration form <sup>§§</sup> for the person in charge and 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.***		

Image above shows the Application to renew registration of a special care unit.

**Chapter 2 — Submitting prescribed information as part of a registration pack or a registration notification form**

<b>Section 3.2 Prescribed information for the person in charge (PIC)</b>		
The following prescribed information for the PIC must accompany your application form:	Enclosed	Recently submitted
1. <b>Personal</b> information form.*	<input type="checkbox"/>	<input type="checkbox"/>
2. <b>Copy of current</b> photo identification.	<input type="checkbox"/>	<input type="checkbox"/>
3. <b>Copy</b> of the person's birth certificate.	<input type="checkbox"/>	<input type="checkbox"/>
4. <b>Copy of a current</b> Garda vetting disclosure for the person.	<input type="checkbox"/>	<input type="checkbox"/>
5. <b>Copy</b> of the person's relevant qualifications as identified in the personal information form.	<input type="checkbox"/>	<input type="checkbox"/>
6. <b>Two HIQA</b> reference forms,* one form must be completed by the person's previous employer.	<input type="checkbox"/>	<input type="checkbox"/>
7. <b>Medical</b> declaration 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.†††		

*Application to register a designated centre for persons (children and adults) with disabilities.*

If the documentation is not dated within the last two years **or there has been a change** to the information previously supplied, you should submit an up-to-date medical declaration.

**When and how do I complete the HIQA medical declaration form?**

We will accept a complete HIQA medical declaration form with original signatures and dated within three months of submitting your registration pack. Please follow the form completion guidelines.

**Section 1 of the medical declaration form: designated centre details**

Please state the designated centre's name and associated centre ID (OSV number if already registered). Give the name of the applicant or registered provider entity, such as 'HIQA House Limited'.

**Section 2 of the medical declaration form: person's details**

Please use the following illustration as a guide to completing this section.

## Chapter 2 — Submitting prescribed information as part of a registration pack or a registration notification form

Section 2. Person's details.	
Please tick the relevant role for the person	Person in charge (PIC) <input checked="" type="checkbox"/> Person participating in management (PPIM) <input type="checkbox"/>
Name (PIC or PPIM)	John Smith
Please state the type of evidence of physical and mental fitness you obtained for this person. Tick <b>one box</b> and complete the relevant section.	
<b>Section 3.</b>	<b>Medical certificate.</b> <input type="checkbox"/> <b>Section 4.</b> <b>Declaration of physical and mental fitness.</b> <input type="checkbox"/>

Please tick the **relevant role** - tick the checkbox relating to one role for the person.

The **name** entered in this section should match with the name identified in the application or notification form.

Tick the **medical certificate** checkbox and complete 'section 3' if you have obtained a medical certificate for the person completed by a medical practitioner.

Tick the **Declaration of physical and mental fitness** checkbox and complete 'section 4' if it is **not practical** for the person to obtain a medical certificate but you have obtained a declaration signed by the person stating they are so fit.

### Section 3 of the medical declaration form — medical certificate

Please complete this section in full by ticking the checkbox in section 3 and then the checkboxes in the related follow-on box to confirm that you have:

1. Obtained a medical certificate stating that this person is physically and mentally fit for the purpose of the work that they are to perform.
2. You have enclosed a **photocopy** of the medical certificate.
3. The medical certificate is dated within three months of the date of submission.

If one or more of these checkboxes is not ticked as complete, we will not be able to process your form.

## Chapter 2 — Submitting prescribed information as part of a registration pack or a registration notification form

### Section 4 of the medical declaration form — declaration of physical and mental fitness

Please state the type of evidence of physical and mental fitness that you obtained for this person. Tick <b>one box</b> and complete the relevant section.		
<b>Section 3.</b>	<b>Medical</b> certificate.	<input type="checkbox"/>
<b>Section 4.</b>	<b>Declaration</b> of physical and mental fitness.	<input type="checkbox"/>

In the absence of a medical certificate or where it is not practical for the person to obtain evidence of physical and mental fitness, please complete section 4 by ticking the checkbox. Then in the related follow-on box, tick the checkboxes to confirm that:

1. You have obtained a **signed declaration** from the subject of this form stating that they are physically and mentally fit for the purpose of the work that they are to perform.
2. You have enclosed a **photocopy** of the declaration.
3. The declaration is dated **within the last three months**.
4. You are satisfied that the person is physically and mentally fit for the purpose of the work that they are to perform.

Please be aware that if one or more checkboxes are not ticked as being complete, we will not be able to process your form.

### Section 5 of the medical declaration form — declaration by the registered provider or applicant

This section of the form (illustrated on the following page) should be signed by the registered provider or applicant. Print the name and tick the appropriate position as set out on the form. Please read the [guidance provided in the declaration section of this chapter](#) to ensure that you complete the declaration correctly. Sign and date the form. Please note that we will only accept forms with an original signature, so post the completed form and associated medical certificate or declaration to our Registration Office.

**Chapter 2 — Submitting prescribed information as part of a registration pack or a registration notification form**

<b>Section 5. Declaration by the registered provider</b>													
I, the undersigned, having been authorised to do so, declare that the information I have provided in this form is true to the best of my knowledge and belief.													
Name (print)													
Position	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px 5px;">Director</td> <td style="text-align: right; padding: 2px 5px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px 5px;">Partner</td> <td style="text-align: right; padding: 2px 5px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px 5px;">Individual or sole trader</td> <td style="text-align: right; padding: 2px 5px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px 5px;">Member of the committee of management or other controlling authority of the unincorporated body</td> <td style="text-align: right; padding: 2px 5px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px 5px;">Person responsible on behalf of the statutory body</td> <td style="text-align: right; padding: 2px 5px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px 5px;">Authorised signatory for and on behalf of the registered provider/intended registered provider.<sup>†</sup></td> <td style="text-align: right; padding: 2px 5px;"><input type="checkbox"/></td> </tr> </table>	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. <sup>†</sup>	<input type="checkbox"/>
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. <sup>†</sup>	<input type="checkbox"/>												
Signed													
Date													

**Prescribed information for the centre itself (disability and special care)**

Prescribed information for the designated centre itself applies only to designated centres for persons with disabilities and designated special care units. It is a legal requirement as set out in Regulation 5(3) of the disability registration regulations and Regulation 4(2) of the special care registration regulations.

## Chapter 2 — Submitting prescribed information as part of a registration pack or a registration notification form

The applicant and or registered provider must submit the following prescribed information.



### Disability centres:

- evidence that the designated centre complies with the planning and development acts and any building bye-laws that may be in force
- a copy of the written guide produced for residents and an example of any brochure or advertisement used or to be used for the designated centre
- a copy of any contracts of insurance.



### Special care units:

- evidence of compliance with statutory requirements relating to fire safety and building control.

### Prescribed information on planning compliance (disability)



In disability centre applications, you must submit evidence of planning compliance. If your designated centre comprises of more than one building, by signing the declaration form you are making the declaration in respect of the designated centre, including each building that may comprise the designated centre.

We will accept one of the following documents:

- HIQA planning compliance self-declaration form
- HIQA planning compliance form

## Chapter 2 — Submitting prescribed information as part of a registration pack or a registration notification form

- other documentary evidence that the designated centre complies with the planning and development acts and any building bye-laws that may be in force.

### How long will evidence of planning compliance stay valid for?

Evidence of planning compliance for completed developments which comprise or form part of the registered centre for people with disabilities does not expire **unless** there is a change to specifications or dimensions of the designated centre.

### Should I submit planning compliance with an application to renew?

Whenever there has been **no change** to the specifications or dimensions of the designated centre for people with disabilities since your previous application to register, we will accept a declaration stating there has been no change.

However, if there **has been a change** to the structure of the designated centre, you will be required to submit up-to-date evidence of planning compliance.

## Prescribed information on planning compliance (disability)

### Self-declaration form or HIQA planning compliance form

If you choose to use the HIQA 'Planning Compliance Self-declaration Form', it must be completed by the registered provider or intended registered provider in line with the guidance provided on the front of the form. This form is included in your disability registration application or renewal application pack.

We will accept the HIQA 'Confirmation of planning compliance' form once it is completed in full and signed by the applicant and or registered provider and a competent person when:

- your centre has undergone works that required planning permission or building control approvals since your last registration or
- you are applying to register for the first time.

This document must also:

- be dated within three months of the date of submission of your application to register or renew to our Registration Office and
- be an original document with original signatures (do not send us a photocopy).

## Chapter 2 — Submitting prescribed information as part of a registration pack or a registration notification form

We will also accept the HIQA 'Confirmation of planning compliance' form signed solely by a registered provider applying to renew its registration where no new planning permissions or building control approvals have been required since the previous planning declaration.

### **HIQA planning compliance forms do not apply to designated centres for older people or special care units**



Please note that evidence of planning compliance is not a requirement for designated centres for older people or special care units.

## Prescribed information on planning compliance (disability centres)

### **Who is a competent person that can sign the planning compliance form?**

The 'competent person' must sign the declaration part of the 'Confirmation of planning compliance' form stating that they are a properly and suitably qualified person with experience in planning and construction.

This competent person confirms that all statutory requirements relating to the planning and development acts, and any building bye-laws that may be in force, have been substantially complied with.

Suitably qualified professionals will be members of and or registered with the following:

- the Royal Institute of the Architects of Ireland (RIAI) Register of Architects (under Part 3 of the Building Control Act 2007) or
- the SCSI Register of Building and Quantity Surveyors (under Part 5 of the Building Control Act 2007) or
- chartered engineers of Engineers Ireland under section 7 of The Institution of Civil Engineers of Ireland (Charter Amendment) Act, 1969.

## Prescribed information on planning compliance (disability centres)

### **Documentary evidence of compliance**

We will accept evidence of compliance in a format other than the HIQA planning compliance form or self-declaration form. Evidence must state the name and address of the designated centre for people with disabilities and must be:

## Chapter 2 — Submitting prescribed information as part of a registration pack or a registration notification form

- dated within three months of the date of submission to us
- signed by a 'competent person' and
- an original document with original signatures.

### Information for residents (disability centres)

#### **Residents' guide and an example of any brochures or advertisements**

You must submit a photocopy of the written guide produced for residents. This document should clearly state the:

- name of the designated centre and
- the date of the document.

In addition, you should also send us an example of any brochure or advertisement used or to be used for the designated centre.

### Contracts of insurance (disability centres)

You must submit a photocopy of any contracts of insurance for the designated centre or each building that comprises the designated centre. This document should clearly state the:

- name of the designated centre and
- the date of the document.

The photocopy must be no older than six months old. Expired contracts of insurance will not be accepted.

### Prescribed information on fire safety in special care units



The applicant and or registered provider must submit the following prescribed information:

- evidence that the designated centre complies with the statutory requirements relating to fire safety and building control bye-laws that may be in force.

You must submit evidence of compliance. We will accept one of the following documents:

## Chapter 2 — Submitting prescribed information as part of a registration pack or a registration notification form

- completed HIQA compliance form relating to statutory requirements on fire safety and building control
- other documentary evidence that the designated centre complies with statutory requirements relating to fire safety and building control.

### How long will evidence of fire safety compliance stay valid with HIQA and the Chief Inspector?

You will be required to resubmit evidence of fire safety compliance whenever you are renewing the registration of the designated centre.

### HIQA fire safety and building control compliance form



The *Compliance with Statutory Requirements Relating to Fire Safety and Building Control* form (illustrated above) is included in the registration and renewal packs. If you choose to use the form, it must be completed in line with this guidance.

We will accept a HIQA fire safety and building control form signed by:

- ✓ the applicant, registered provider or by a person authorised by the registered provider or applicant, and
- ✓ signed by a '**competent person**'.

This document must be:

- an original document with original signatures (do not send us a photocopy)
- dated within three months of the date of submission
- completed in full.

## Chapter 2 — Submitting prescribed information as part of a registration pack or a registration notification form

### Prescribed information on fire safety (special care units)

#### Documentary evidence of compliance

We will accept evidence of compliance in a format other than the HIQA *Compliance with Statutory Requirements Relating to Fire Safety and Building Control* form. Evidence must state the designated centre's name and address, and must be:

- dated within three months of the date of submission
- signed by a '**competent person**'
- an original document with original signatures.

#### Who is a 'competent person'?

The written confirmation should be signed by a person with qualifications as set out in the Building Control Act 2007, the Multi-Unit Developments Act 2011, and regulations made under primary legislation. These are:

- a. architects that are on the register maintained by the Royal Institute of the Architects of Ireland (RIAI) under Part 3 of the Building Control Act 2007 or
- b. building surveyors and quantity surveyors that are on the register maintained by the SCSI under Part 5 of the Building Control Act 2007 or
- c. chartered engineers of Engineers Ireland under section 7 of The Institution of Civil Engineers of Ireland (Charter Amendment) Act, 1969.

### Prescribed information for renewals (older people)



Schedule 2, Part B of the registration regulations for designated centres for older people (DCOP) states that when applying to renew, you must complete:

- a) a statutory declaration stating there has been no change to the prescribed information given with the previous application to register or

## Chapter 2 — Submitting prescribed information as part of a registration pack or a registration notification form

- b) a statement of each change where there has been a change, in a format specified by the Chief Inspector.

However, the Chief Inspector no longer requires a statutory declaration when there has been no change to prescribed information already submitted.

### Q. How do I complete 'Section 3' on prescribed information when renewing registration of designated centres for older people?

You must identify if there has been a change to the prescribed information previously submitted. You should tick one checkbox for either section 3.1 or section 3.2 and then go to the associated section and complete the section. At the start of this section of the form, please tick:

- **Section 3.1** if there has been no change to the prescribed information submitted with the previous application.
- **Section 3.2** if there has been such a change or if you have not previously submitted the relevant prescribed information.

### Application to renew (older people)

#### Section 3.1 There has been no change

If you have ticked 'Section 3.1' you must submit the documentation as illustrated on the form below and tick the enclosed boxes:

The following prescribed information <b>must</b> accompany your application to renew form.	Enclosed	Recently submitted
1. <b>Current</b> company self-declaration form. <sup>55</sup>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. <b>Copy of a current</b> Garda vetting disclosure for the person in charge.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. <b>Copy of a current</b> Garda vetting disclosure for each person participating in management.	<input checked="" type="checkbox"/>	<input type="checkbox"/>

## Chapter 2 — Submitting prescribed information as part of a registration pack or a registration notification form

### Application to renew (older people)

#### Section 3.2 There has been a change

If you have ticked 'Section 3.2', you must **provide a statement of each change** to the prescribed information previously submitted. You can do this by ticking the relevant checkbox provided in section 3.2 as illustrated.

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, that is to say a copy of the company's certificate of incorporation.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Details of any previous experience by the company of carrying on the business of a designated centre or similar service.	<input checked="" type="checkbox"/>	<input type="checkbox"/>

### Application to renew (older people)

**In addition**, you must enclose the following documents in your registration pack:

1. Updated prescribed information, where a **change** has been identified.
2. Garda vetting report for the registered provider in line with the Garda vetting documentation guidance provided in this chapter.
3. A photocopy of a current Garda vetting report for the person in charge.
4. A photocopy of a current Garda vetting report for each person participating in management.

Photocopies for the person in charge and person participating in management must meet the Garda vetting report requirements set out in this chapter.

#### Q. What if I have not previously submitted the prescribed information listed in this section?

Please tick the '**Yes**' checkbox associated with the prescribed information in section 3.2 and enclose the completed document with your registration pack.

## Chapter 2 — Submitting prescribed information as part of a registration pack or a registration notification form

### What if there is no change to the prescribed information (DCOP)?

If you have stated there has been **no change** to the prescribed information submitted with your previous application (as part of 'Section 3.1'), you are no longer required to submit a statutory declaration to this effect.

However, you must still provide the following information in line with Section 3.1, as follows:

- current self-declaration form
- copy of current Garda vetting disclosure form for the person in charge
- copy of a current Garda vetting disclosure form for each person participating in management.

### Prescribed information for an application to renew (disability centres)

Schedule 3 of the disability registration regulations identifies prescribed information that must accompany your application when you are applying to renew the registration of a designated centre. **Please complete section 3.1, section 3.2 and section 3.3 in full.**

### Application to renew (disability)

#### Section 3.1 Prescribed information supplied with the previous application to register

This section refers to the prescribed information submitted with your previous application to register or renew for the:

- registered provider
- person in charge and
- each person participating in management.

Please tick the '**Yes**' or '**No**' checkbox to identify if there has been a change to the information you have previously sent to us. If you tick the '**Yes**' checkbox, please ensure you enclose the updated prescribed information with your registration pack.

If you have not previously submitted prescribed information listed in this section, please tick the '**Yes**' checkbox associated with it and enclose the completed document with your registration pack.

## Chapter 2 — Submitting prescribed information as part of a registration pack or a registration notification form

### Application to renew (disability)

#### Section 3.2 Prescribed information to accompany your application to renew

You must send us the following documents with your registration pack. Please use the checklist provided on the form to ensure you have enclosed all documents required.

1. Up-to-date prescribed information, where a change has been identified in section 3.1 of the form.
2. Garda vetting report for the registered provider in line with the Garda vetting guidance provided earlier in this chapter.
3. A photocopy of a current Garda vetting report for the person in charge and each person participating in management.
4. A current medical declaration form for the person in charge and each person participating in management.

Photocopies of the Garda vetting report for the person in charge and person participating in management must be in line with the guidance in this chapter.

### Application to renew (disability)

#### Section 3.3 Prescribed information for the designated centre

This section lists the documents for the designated centre that you must submit to us as part of your application to **renew** registration.

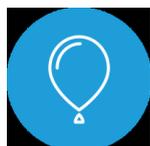
1. Evidence that the designated centre complies with the planning and development acts and any building bye-laws that may be in force.
2. A copy of the written guide produced for residents and an example of any brochures or advertisements used or to be used for the designated centre.
3. A copy of any contracts of insurance.

Please use the checkboxes provided on the form to ensure you have enclosed each document with your registration pack, as illustrated on the following page:

## Chapter 2 — Submitting prescribed information as part of a registration pack or a registration notification form

Section 3.3 Prescribed information for the designated centre	
You must send us the following prescribed information with your application to renew. Documentation should be dated currently, that is to say, the date is current or the document has not expired.	Enclosed
1. <b>Evidence</b> that the designated centre complies with the planning and development acts and any building byelaws that may be in force.	<input checked="" type="checkbox"/>
2. <b>A copy of the written guide</b> produced for residents and an example of any brochure or advertisement used or to be used for the designated centre.	<input checked="" type="checkbox"/>
3. <b>A copy</b> of any contracts of insurance.	<input checked="" type="checkbox"/>

### Prescribed information for an application to renew (special care units)



Schedule 3 of the [registration regulations for special care units](#) identifies prescribed information that must accompany your application when you are applying to renew the registration of a designated centre. **Please complete section 3.1, section 3.2 and section 3.3 in full.**

#### Application to renew (special care)

##### Section 3.1 Prescribed information supplied with the previous application to register

This section refers to the prescribed information submitted with your previous application to register or renew for the following categories:

- registered provider
- person in charge
- each person participating in management.

## Chapter 2 — Submitting prescribed information as part of a registration pack or a registration notification form

Please tick the 'Yes' or 'No' checkboxes for each of the three categories (registered provider, person in charge and persons participating in management) to identify if there has been a change to the information you sent us before. If you tick **Yes**, enclose the updated prescribed information with your registration renewal pack.

If you have not sent in prescribed information listed in this section, please tick the 'Yes' checkbox associated with the type of prescribed information (such as photo identification or relevant qualifications) and enclose the prescribed information with your registration renewal pack.

### Application to renew (special care)

#### Section 3.2 Prescribed information to accompany your application to renew

Please use the checklist on the form to ensure you send in what is required. Unless recently submitted, tick the **Enclosed** checkbox and send us the following documents with your registration renewal pack.

1. Up-to-date prescribed information, where a change has been identified in section 3.1 of the form.
2. A photocopy of a current Garda vetting report for the person in charge and each person participating in management.
3. A current medical declaration form for the person in charge and each person participating in management.

### Application to renew (special care)

#### Section 3.3 Prescribed information for the designated centre.

You must submit the following documentation to us as part of your application to **renew** registration of the special care unit.

1. Written compliance with statutory requirements relating to fire safety and building control (original).

**Chapter 2 — Submitting prescribed information as part of a registration pack or a registration notification form**

Please use the checkbox provided on the form (as illustrated below) to ensure you have enclosed the required documentation with your registration renewal pack.

<b>Section 3.3 Prescribed information for the designated centre</b>	
You must send us the following prescribed information with your application to renew. Documentation should be dated currently, that is to say the date is current or the document has not expired.	Enclosed
1. Written compliance with statutory requirements relating to fire safety and building control (original).	<input checked="" type="checkbox"/>

**Completed registration packs should be posted to:**  
 Registration Office  
 Regulatory Support Services  
 Health Information and Quality Authority  
 Unit 1301, City Gate  
 Mahon, Cork  
 T12 Y2XT

Chapter 3 — Submitting registration notifications and paying annual fees

# Chapter 3 — Registration notifications and paying annual fees

## Chapter 3 — Submitting registration notifications and paying annual fees

### Introduction to registration notifications

You are required to notify us of any changes to information supplied for the purpose of registration. To assist you to meet this regulatory requirement, we have designed a series of numbered notification forms which can be submitted online or by post.

#### Online submission of notifications

The preferred and most secure method of sending in notifications to the Chief Inspector is online using HIQA's Provider Portal website, which is accessed through [www.hiqa.ie](http://www.hiqa.ie). You can also **upload prescribed information to the portal**.

#### Postal notifications

Registration notification forms can be downloaded from our website. Completed forms and accompanying prescribed information (if applicable) can be posted to:

Registration Office  
Regulatory Support Services  
Health Information and Quality Authority  
Unit 1301, City Gate  
Mahon, Cork, T12 Y2XT.

Table 6 on the following pages sets out the registration notifiable events that you must inform us of and their associated timelines.

### Common information requested on the notification forms

#### Designated centre details

If you are completing an NF30A, B or C, NF31 or NF35 Notification Form you will need to complete your designated centre details as illustrated below.

Section 1. Designated centre details.	
Centre name	HIQA House
Centre ID (OSV)	OSV-0009999
Registered provider name	HIQA House Limited

Please state the **name** and associated **centre ID** of the designated centre where the person works.  
If the change applies to more than one designated centre please list the centres on the form or enclose a list of centres the change applies to.

Please state the name of the registered provider entity.

## Chapter 3 — Submitting registration notifications and paying annual fees

Table 6. Registration notifiable events and timelines						
Notification	Notifiable event	What should I submit?	Service			When
NF30A Notification Form	<b>Change</b> of the person in charge	NF30A Form and prescribed information for new person in charge appointed	Older persons	Disability	Special care unit	Within 10 calendar days from the change
NF30B Notification Form	<b>Absence</b> of the person in charge (longer than 28 days)	NF30B Form and prescribed information for new person in charge during the absence		Disability	Special care unit	One month in advance of the absence
NF30B (DCOP) Notification Form	<b>Absence</b> of the person in charge (longer than 42 days)	NF30B (DCOP) Form	Older persons			One month in advance of the absence
NF30C Notification Form	<b>Return</b> of the person in charge (following an absence)	NF30C Form	Older persons	Disability	Special care unit	Within three calendar days of return to work
NF31 Notification Form	Change of person participating in management	NF31 Form and prescribed information for new person participating in management	Older persons	Disability	Special care unit	Within 28 calendar days of the change
NF32 Notification Form	Change to the ownership of a body corporate	NF32 Notification Form	N/A to older person services	Disability	N/A to special care units	8 weeks in advance of the change

## Chapter 3 — Submitting registration notifications and paying annual fees

**Table 6. Registration notifiable events and timelines**

Notification	Notifiable event	What should I submit?	Service			When
NF33A or NF33B Notification Form	NF33A change of company personnel. NF33B change of company name or contact information	NF33A Notification Form NF33B Notification Form	Older persons	Disability	Special care unit	8 weeks in advance of the changes
NF35 Notification Form	Ceasing to carry on the business of the designated centre and close the centre	NF35 Notification Form	Older persons	Disability	Special care unit	6 months in advance of the closure
NF36A or NF36B Notification Form	NF36A change of partner NF36B change of partnership contact information	NF36A Notification Form NF36B Notification Form	Older persons	Disability	Special care unit	8 weeks in advance of the changes
NF37A, NF37B or NF37C Notification Form	NF37A change to manager or chairperson of unincorporated body NF37B change to membership of unincorporated body NF37C change to name or contact details of unincorporated body	NF37A Notification Form NF37B Notification Form NF37C Notification Form	Older persons	Disability	Special care unit	8 weeks in advance of the changes
NF60 Notification Form	Declaration of bed occupancy	NF60 Notification Form (via portal)	Older persons	N/A to disability services	Special care unit	1-15 Jan 1-15 May 1-15 Sept

## Chapter 3 — Submitting registration notifications and paying annual fees

### Registered provider details

If you are completing an NF33A or B, NF36A or B, NF37A or B or NF37C notification form, you will need to complete the relevant registered provider entity information. The information you enter into this section should match the information currently on our register of designated centres, or where applicable or section 69 register. This includes:

- company name and Companies Registration Office number (NF33B)
- partnership name (NF36B)
- unincorporated body name (NF37C).

### Prescribed information

If you are completing an NF30A or NF31 notification form, you must submit certain other documents called 'prescribed information' for a new person in charge or a new person participating in the management of the designated centre. Please see [Chapter 2 of this handbook on registration prescribed information](#) for more guidance on how to complete the documentation required.

### Declaration

The declaration on each notification should be signed by the applicant or registered provider or by a person authorised by the applicant or registered provider. Please see [Appendix 1](#) for guidance on who can sign the declaration and [Appendix 2](#) on guidance on what is an authorised signatory. We will be unable to process your notification if the declaration section is not completed correctly.

#### Important notice on completing all notification forms

Please complete section 1 of all notification forms in line with the 'Designated centre details' section of this handbook. Please read the declaration guidance in this handbook to help you correctly complete the declaration section of all application and notification forms. See Appendices 1 and 2 on who can sign the declaration. For notifications submitted by post, please note that we will only accept forms with an original signature, and not a photocopy of signed forms.

## Chapter 3 — Submitting registration notifications and paying annual fees

### Overview of notification forms

#### NF30A Change of the Person in Charge

<b>NF30A</b> <b>Form</b>	Health Information and Quality Authority  <b>Change of Person in Charge*</b>	 Health Information and Quality Authority <small>An tÚdarás Um Fhaisnéis agus Cálíocht Sláinte</small>
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#### Section 1 of NF30A. Designated centre details

Please complete this section in line with guidance.

#### Section 2 of NF30A. Change of Person in Charge

**Give the name of the departing person in charge of the designated centre.**

This person should be someone who is currently named on our register of designated centres.

**State the date** that the person will cease to be or has ceased to be in charge.

#### Has a new person been appointed to be in charge of the centre?

Please tick either the **'Yes'** or **'No'** checkbox to identify if a new person has been appointed as person in charge of the designated centre. If you tick **Yes**, move to section 3 of the form; if you tick **No**, move to section 4.

#### Section 3 of NF30A. Appointment of new person in charge

If you have ticked **Yes** in section 2 of the form, please state:

- the name of the new person appointed
- the date they will start their role of person in charge and
- complete the prescribed information checklist in either **Section 5, 6** or **7** of the form, depending on the type of service provided at the designated centre.

#### Section 4 of NF30A. No new person in charge appointed

If you have ticked **No** in section 2 of the form, please state the reason why another person has not been appointed to the role of person in charge, and the arrangements that you have put in place. Please note, there must be a 'person in charge' of the designated centre **at all times**.

## Chapter 3 — Submitting registration notifications and paying annual fees

### NF30B Absence of Person in Charge for longer than 28 days (DCD and SCU)

<b>NF30B Form</b>	Health Information and Quality Authority <b>Absence of Person in Charge* for longer than 28 days</b>	 <p>Health Information and Quality Authority <small>An tUdairas Um Fhianáinís agus Callocht Sláinte</small></p>
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#### Section 1 of NF30B. Designated centre details

Please complete this section in line with the 'Designated centre details' section of this handbook.

#### Section 2 of NF30B. Absence of person in charge for longer than 28 days

**Give the name of the person in charge** of the designated centre (currently named on our register) who will be absent for more than 28 days.

**Please state the type of absence** — please indicate whether it is planned or occurred unexpectedly.

**State the start date of the absence**, or in the case of an unexpected absence, when the absence commenced.

**Please state the expected return date** of the person to their role as person in charge. In the case of an unexpected absence where you do not know an exact date of return, please state 'unknown'.

#### **What is the length or expected length of the absence?**

Give the expected duration of the absence, such as 'six weeks' or 'two months'. This time period should match the start and expected return dates.

**Please state the reason for the absence** — tick the checkbox that reflects the reason for the absence. If the reason is not listed here, tick the '**other**' checkbox and provide details in the text field provided.

#### **Has a new person been appointed to be in charge of the centre during the absence?**

Please tick either '**Yes**' or '**No**'. If you have ticked **Yes**, go to section 3 of the form; if you have ticked **No**, go to section 4.

[Continued on next page](#)

## Chapter 3 — Submitting registration notifications and paying annual fees

NF30B (DCD and SCU) continued

### Section 3 of NF30B. Appointment of new person in charge

If you have ticked **Yes** in section 2 of the form, please:

- state the **name** of the new person appointed
- state the **date** they will start in the role of person in charge, and
- complete the prescribed information checklist in either **Section 5, 6** or **7** of the form depending on the type of designated centre.

### Section 4 of NF30B. No appointment made during the absence

If you have ticked **No** in section 2 of the form, please:

- state the name, office-hours contact number and valid email address of the person who is responsible during the absence, and
- a list of relevant **qualifications** for the person who was or will be responsible for the designated centre during the absence.

In addition, you should state in the text field provided the **reason why you have not appointed a new person in charge** of the designated centre during the absence.

### Section 5, Section 6 and Section 7 of NF30B. Prescribed information

You are required to submit certain information within 10 working days of the appointment of a person in charge of the designated centre. This is called 'prescribed information'. Please read Chapter 2 of this handbook for more guidance on completing the documentation required.

### Section 8 of NF30B. Declaration by the registered provider

The declaration should be signed by the registered provider, or by a person authorised by the registered provider. Please see Appendices 1 and 2 for further guidance. Please note that we will only accept forms with an original signature.

## Chapter 3 — Submitting registration notifications and paying annual fees

### NF30B Absence of Person in Charge for 42 days or longer than 42 days (DCOP)

<b>NF30B</b> <b>Form</b> <b>DCOP</b>	Health Information and Quality Authority <b>Absence of Person in Charge* for 42<sup>+</sup> days or longer</b>	 Health Information and Quality Authority <small>An tUdarás Um Fhaisnéis agus Cállocht Sláinte</small>
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#### Section 1 of NF30B (DCOP). Designated centre details

Please complete this section in line with the 'Designated centre details' section of this handbook.

#### Section 2 of NF30B (DCOP). Absence of person in charge for longer than 42 days

**Give the name of the person in charge** of the designated centre (currently named on our register) who will be absent for more than 42 days (DCOP).

**Please state the type of absence** — please indicate whether it is planned or occurred unexpectedly.

**State the start date of the absence**, or in the case of an unexpected absence, when the absence commenced.

**Please state the expected return date** of the person to their role as person in charge. In the case of an unexpected absence where you do not know an exact date of return, please state 'unknown'.

#### What is the length or expected length of the absence?

Give the expected duration of the absence, such as 'six weeks' or 'two months'. This time period should match the start and expected return dates.

**Please state the reason for the absence** — tick the checkbox that reflects the reason for the absence. If the reason is not listed here, tick the 'other' checkbox and provide details in the text field provided.

Please tick either 'Yes' or 'No'. If you have ticked **Yes**, go to section 3 of the form.

[Continued on next page](#)

## Chapter 3 — Submitting registration notifications and paying annual fees

### NF30B (DCOP) continued

#### **Section 3 of NF30B (DCOP). Details of the person deputising for the person in charge**

Please include the following information for the person deputising during the absence of the Person in charge:

- their **name** contact number and email address
- NMBI registration number if applicable
- the date the person who will be deputising for the person in charge commenced in the designated centre
- provide details of three years' experience of nursing older people within the previous six years.

#### **Section 4 of NF30B (DCOP). Declaration by the registered provider**

The declaration should be signed by the registered provider, or by a person authorised by the registered provider. Please see Appendices 1 and 2 for further guidance. Please note that we will only accept forms with an original signature.

## Chapter 3 — Submitting registration notifications and paying annual fees

### NF30C. Return of the Person in Charge following an absence

<b>NF30C</b>	Health Information and Quality Authority	 <b>Health Information and Quality Authority</b> <small>An tAidís Um Fhaisnéis agus Cálíocht Sláinte</small>
<b>Form</b>	<b>Return of the Person in Charge*</b>	
<b>DCOP</b>	<b>following an absence of 42 days or longer</b>	

#### Section 1 of NF30C. Designated centre details

Please complete this section in line with guidance.

#### Section 2 of NF30C. Return of the person in charge following an absence

Please use the following example as a guide to completing this section.

Section 2. Return of the person in charge following an absence	
Name of the person in charge <b>returning</b> following an absence	John Smith
Name of the person who was <b>appointed</b> during the absence	Mary White
<b>Date</b> of return of the absent person in charge	01 May 2016

You should state the name of the person who was previously notified to us as being absent for a period longer than 28 days

Please state the name of the person who was appointed as person in charge of the designated centre during the absence

Please state the **date** the person who is absent will return to their role of person in charge.

#### Section 3 of NF30C. Declaration by the registered provider

The declaration should be signed by the registered provider, or by a person authorised by the registered provider. Please see Appendices 1 and 2 for further guidance. Please note that we will only accept forms with an original signature.

## Chapter 3 — Submitting registration notifications and paying annual fees

### NF31 Change of Person Participating in Management

<b>NF31 Form</b>	Health Information and Quality Authority <b>Change of Person Participating in Management* (PPIM)</b>	 <b>Health Information and Quality Authority</b> <small>An tÚdarás Um Fhaisnéis agus Cállocht Sláinte</small>
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#### Section 1 of NF31. Designated centre details

Please complete this section in line with the 'Designated centre details' section of this handbook.

**In section 2 or 3 of the form,** please state the reason for this notification by ticking one of the two checkboxes and completing the section of the form that is associated with the type of notification.

If a person is leaving and a new person is starting in the role of person participating in management, please tick both checkboxes (for **section 2** and **section 3** as illustrated).

<b>Section 2.</b>	<b>Departing</b> person participating in management.	<input checked="" type="checkbox"/>
<b>Section 3.</b>	<b>New</b> person participating in management.	<input checked="" type="checkbox"/>

#### Section 2 of NF31. Person participating in management who is leaving

**Give the name of the person participating in management who is leaving** and who is currently on our register, and who will no longer be named as a person participating in the management of the designated centre.

**Please state the date** the person will cease or ceased their role.

#### Section 3 of NF31. New person participating in management

Please state the name of the new person appointed to the role of person participating in management and the date that person will start in their role.

## Chapter 3 — Submitting registration notifications and paying annual fees

In addition, you must complete the prescribed information checklist in either **section 4, 5 or 6** of the form depending on the type of designated centre.

### Section 4, Section 5 and Section 6 of NF31. Prescribed information

You are required to submit 'prescribed information' for a new person participating in management of the designated centre within 28 day of the change. Please [read the prescribed information chapter of this handbook](#) for more guidance on completing the documentation required.

### Section 7 of NF31. Declaration by the registered provider

The declaration should be signed by the registered provider, or by a person authorised by the registered provider. Please see Appendices 1 and 2 for further guidance. Please note that we will only accept forms with an original signature.

#### **Please note:**

**There is no requirement to submit an NF31 Change of Person Participating in Management Notification Form** if **either** of the following scenarios apply:

- A. A current person participating in management of the centre has been appointed as person in charge permanently. When you submit the *NF30A Change of the Person in Charge* notification form, please ensure that all prescribed information is attached.

OR

- B. A current person participating in management has been appointed as person in charge due to an absence of the person in charge for longer than 28 days. When you submit the NF30B notification form (the form for an absence for longer than 28 days), please include all prescribed information.

## Chapter 3 — Submitting registration notifications and paying annual fees

### NF32 Change to the ownership of a body corporate (disability)

NF32 Form DCD	Health Information and Quality Authority Designated centre for people with disabilities (DCD) <b>Change to the ownership of a body corporate<sup>1</sup></b>	 Health Information and Quality Authority An tUdarás Um Fhaisnéis agus Callocht Sláinte
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This notification form applies only to designated centres for people with **disabilities**. You must notify us if there is a change of ownership of the body corporate. This means if there are changes to the shareholding of the body corporate, you must notify the Chief Inspector.

The NF32 form is **not applicable** where there is a **change of registered provider**. In this instance, an application to register must be submitted to us by the intending registered provider.

#### Section 1 of NF32. Details of the body corporate

Please state the **name** and **address** of the body corporate (current registered provider entity). If the body corporate is a company, please state the Companies Registration Office number ([www.cro.ie](http://www.cro.ie)).

#### Please provide additional details of the change of ownership

Provide details of the change of ownership, such a new shareholder or departing shareholder. In addition, please outline the impact to the residents or children living in the centre and any changes to the current governance and management structures outlined in the statement of purpose.

#### Section 4 of NF32. Declaration by the registered provider

The declaration should be signed by the registered provider, or by a person authorised by the registered provider. Please see Appendices 1 and 2 for further guidance. Please note that we will only accept forms with an original signature.

## Chapter 3 — Submitting registration notifications and paying annual fees

### NF33A Change of company personnel

<b>NF33A Form</b>	Health Information and Quality Authority <b>Change of company personnel form</b>	 <p>Health Information and Quality Authority <small>An tUdarás Um Fhaisnéis agus Cállocht Sláinte</small></p>
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You must notify us **eight weeks** in advance if there are any proposed changes to the identity of a company director, and — if applicable — company secretary, chairperson, managing director or chief executive officer.

The NF33A form is **not applicable** where there is a **change of registered provider**, such as a new company with a new company registration number. In this instance, an application to register must be submitted to us by the intending registered provider.

#### Section 1 of NF33A. Company details

Complete in line with guidance in this handbook.

#### Section 2 of NF33A. Change of company personnel details

Outline which company role is changing by ticking the relevant checkbox or checkboxes. Explain the type of change by ticking the relevant box or boxes, and give the date that the change will take effect.

#### Section 3 of NF33A. New company personnel

For new company personnel (if applicable) please state the following for each person:

- their professional or courtesy title, such as Ms, Mr, Dr, and their first name and surname, and
- their company role, such as director, chairperson, managing director, chief executive officer or company secretary
- the date the change will take effect.

If the number of rows provided in this section is insufficient for the number of new company personnel, please continue on a photocopy of the page.

## Chapter 3 — Submitting registration notifications and paying annual fees

### Section 4 of NF33A. Departing company personnel

Similar to the information required in section 3, for company personnel who are leaving the company, please give their title, company role and the applicable date.

Please continue on a photocopy of the page if more space is required to capture details of departing personnel.

### Section 5 of NF33A. Declaration by the registered provider

The declaration should be signed by the registered provider, or by a person authorised by the registered provider. Please see Appendices 1 and 2 for further guidance. Please note that we will only accept forms with an original signature.

## NF33B Change of company name or contact information

<b>NF33B Form</b>	Health Information and Quality Authority <b>Change of company name or contact information</b>	 Health Information and Quality Authority <small>An tEidris Uim Fhuairis agus Callocht Sláinte</small>
<b>Section 1. Company details.</b>		
Company name (registered provider)		

You must notify us **eight weeks** in advance if there are any proposed changes to the company name or contact information for the company (registered provider).

This form is **not applicable** where there is a **change of registered provider**, such as a new company with a new company registration number. In this instance, an application to register must be submitted to us by the intending registered provider.

We will issue post and email correspondence to the contact information provided at the time of registration. If there is a change to the contact information that is currently on our register of designated centres, it is vital that you inform us of this change.

### Section 1 of NF33B. Company details

Complete in line with guidance in this handbook.

## Chapter 3 — Submitting registration notifications and paying annual fees

### Section 2 of NF33B. Changes to the company name

If there is a change to the company name, please state the new company name and the date the change will take effect.

### Section 3 of NF33B. Change of address or phone number of company

If there is a change to the company address or company phone number, please state the change and the date the change will take effect.

### Section 4 of NF33B. Change of company email

If there is a change to the company email address, please state the new company email address and the date the change will take effect. Please note that some web-based email services may be inadvertently blocked by our IT security systems or may be classified as spam or that emails from our @hiqa.ie address may be classified as spam by some web-based email services. Please see **Section 1.4 Applicant's details** in Chapter 1 for more guidance.

### Section 5 of NF33B. Declaration by the registered provider

The declaration should be signed by the registered provider, or by a person authorised by the registered provider. Please see Appendices 1 and 2 for further guidance. Please note that we will only accept forms with an original signature.

## NF35 Notification to cease operating the centre and close the centre

<b>NF35 Form</b>	<b>Health Information and Quality Authority</b> Notification to <b>cease</b> to carry on the business of the designated centre and <b>close</b> the centre <sup>1</sup>	 <b>Health Information and Quality Authority</b> <small>An tUdarás Lim Fhaisnéis agus Callocht Sláinte</small>
<b>Section 1. Designated Centre details</b>		

You should send us the NF35 Notification Form (in hard copy only) if you intend to cease carrying on the business of a designated centre **and** close the designated centre. This requirement is outlined in section 66 of the Health Act 2007 (as amended), and you must notify us of your intention **not less than six months** before the intended date of closure.

## Chapter 3 — Submitting registration notifications and paying annual fees

### Change of registered provider?

If you are proposing to transfer ownership of the centre to a new provider, the NF35 notification form is not necessary. In this instance, you (as the current registered provider) must provide us with written consent authorising the proposed incoming provider to engage with us as an applicant to register the designated centre. For more information on how to give permission, see the entry in [Chapter 1](#) on [new intending provider for an existing designated centre](#).

### Note on the register of designated centres

Please note, in line with regulations the Chief Inspector will **make a note in the official public register** published on the HIQA website following receipt of a notice from the registered provider of its intention to cease carrying on the business of a designated centre and close the centre.

### Section 1 of NF35. Designated centre details

Complete in line with guidance in this handbook.

### Section 2 of NF35. Closure details

Please provide details such as the reason for the closure of the centre or the transition plan for current residents or children. You can attach relevant documents to the notification.

### Section 3 of NF35. Declaration by the registered provider

The declaration should be signed by the registered provider, or by a person authorised by the registered provider. Please see Appendices 1 and 2 for further guidance. Please note that we will only accept forms with an original signature.

## Chapter 3 — Submitting registration notifications and paying annual fees

### NF36A Change of partner

<b>NF36A Form</b>	Health Information and Quality Authority <b>Change of Partner(s)</b>	 Health Information and Quality Authority <small>An tUdairis Um Fhaisnéis agus Callocht Sláinte</small>
<b>Section 1. Partnership details</b>		
Partnership name (registered provider)		

You must notify us **eight weeks** in advance if there is a proposed change of partner, that is to say, a new partner is being appointed or a partner will be resigning.

This form is **not applicable** where there is a **change of registered provider**, such as a change of partners that requires a new partnership agreement. In this instance, an application to register must be submitted to us by the intending registered provider.

#### Section 1 of NF36A. Partnership details

Complete in line with guidance in this handbook.

#### Section 2. Change of partnership details

If the partnership will be dissolved, the new partnership must apply to register. It is an offence for the new partnership to carry on the business of the designated centre unless registered with us.

Please tick the checkbox provided to confirm the partnership, currently named on our register as being the registered provider, has **not been dissolved** as a result of this change (see example below).

Please confirm the partnership has not been <b>dissolved*</b> by ticking the box provided.	
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Then outline the type of change being notified to us and when this will happen.

## Chapter 3 — Submitting registration notifications and paying annual fees

### Section 3 of NF36A. New partner

For new partners, please state the following for each person:

- their professional or courtesy title, such as Ms, Mr, Dr, and their first name and surname, and
- the date the change will take effect.

Please continue on a photocopy of the page if the number of rows provided in this section is not enough to capture details of all new partners.

### Section 4 of NF36A. Departing partner

For departing partners, please state the following for each person:

- their professional or courtesy title, such as Ms, Mr, Dr, and their first name and surname, and
- the date the change will take effect.

Please continue on a photocopy of the page if the number of rows provided in this section is not enough to capture details of all departing partners.

### Section 5 of NF36A. Partnership authorisation

In this section of the form, you should tell us about the partnership authorisation arrangements — whether each identified partner can act on its behalf or whether all partners must jointly do so, as illustrated.

1.	Each partner named in this section is independently authorised to act on behalf of the partnership.	<input type="checkbox"/>
2.	All partners must jointly act on behalf of the partnership.	<input type="checkbox"/>

Please select from one of the following options:

- **Checkbox 1** — each and any **one** partner named in section 5 of the form is authorised by the partnership to provide information to the Chief Inspector and make decisions on behalf of the partnership in relation to the registration of the designated centre.
- **Checkbox 2** — The partners named in section 5 of the form must **operate collectively** in all matters, such as providing information to the Chief Inspector or decision-making in relation to the application to register the designated centre.

## Chapter 3 — Submitting registration notifications and paying annual fees

### Checkbox 1

Please list the name of each partner that has been authorised to operate independently on behalf of the partnership, giving their first name and surname. If there are more than 10 partners, please continue on a photocopy of this section.

### Checkbox 2

If partners operate jointly, all authorised partners will be required to **sign all documentation** relating to the registration of the designated centre.

### Section 6 of NF36A. Partnership authorisation declaration

In order for us to process your notification, this section must be filled out and signed by all partners.

Each partner should read and understand the authorisation declaration. By signing the declaration, each partner is agreeing that the partner or partners listed in section 5 of the NF36A form are authorised to operate independently in all matters regarding the registration of the designated centre. The declaration should include:

- the title of each partner, such as Ms, Mr, Dr, and their first name and surname (printed)
- **original signature** of each partner — we will only accept original signatures, so please do not send us a photocopy of this section
- the date the declaration was signed.

### Section 7 of NF36A. Declaration by the registered provider (partnerships)

The declaration should be signed by the registered provider, or by a person authorised by the registered provider. Please see Appendices 1 and 2 for further guidance. Please note that we will only accept forms with an original signature.

## Chapter 3 — Submitting registration notifications and paying annual fees

### NF36B Change of Partnership Contact Information

You must notify us **eight weeks** in advance if there is a proposed change to the contact information provided for the partnership at the time of registration.

This form is **not applicable** where there is a **change of registered provider**, such as a change of partner or partners that requires a new partnership agreement. In such situations, the new intending provider must apply to register with us.

We will issue post and email correspondence to the contact information provided at the time of registration. If the contact information currently on our register of designated centres changes, it is vital that you inform us of this change.

#### Section 1 of NF36B. Partnership details

Complete in line with guidance in this handbook.

#### Section 2 of NF36B. Changes to the partnership contact information

##### Partnership name

- If applicable, please state the new partnership name and the date that the change will take effect.

##### Change of address, phone number or Eircode

- If applicable, please state the change of partnership address or Eircode, or partnership phone number, and the date it will take effect.

##### Change to email address

- If the partnership email address changes, please state the new email address and the date the change will take effect.

#### Section 3 of NF36B. Declaration by the registered provider

The declaration should be signed by the registered provider, or by a person authorised by the registered provider. Please see Appendices 1 and 2 for further guidance. Please note that we will only accept forms with an original signature.

## Chapter 3 — Submitting registration notifications and paying annual fees

### NF37A Change to the manager or chairperson of an unincorporated body

<b>NF37A Form</b>	Health Information and Quality Authority  <b>Changes to the manager or chairperson of an unincorporated body</b>	 <p>Health Information and Quality Authority <small>An Údarás Um Fhaisnéis agus Callocht Sláinte</small></p>
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You must notify us **eight weeks** in advance if there is a proposed change of the manager or chairperson of the unincorporated body.

This form is **not applicable** where there is a **change to the registered provider** entity that requires a new unincorporated body charter and or agreement. In such situations, the new intending provider must apply to register with us.

#### Section 1 of NF37A. Unincorporated body details

Complete in line with guidance in this handbook.

#### Section 2 of NF37A. Change to the manager or chairperson of the unincorporated body

Please give the full name of the chairperson or manager who is leaving, if applicable. Please name the person being appointed as chairperson or manager, including their title, such as Ms, Mr, Dr, and their first name and surname. Complete the following contact information for them:

- **business address**, including Eircode
- **phone number** during business hours (9am to 5pm, Monday to Friday)
- **business mobile number** (optional) if the person is not office based at all times, and
- **a valid email** address for the person.

Please state the date the change will take effect.

#### Section 3 of NF37A. Declaration by the registered provider

The declaration should be signed by the registered provider, or by a person authorised by the registered provider. Please see Appendices 1 and 2 for further guidance. Please note that we will only accept forms with an original signature.

## Chapter 3 — Submitting registration notifications and paying annual fees

### NF37B Change to the membership of an unincorporated body

<b>NF37B Form</b>	Health Information and Quality Authority <b>Changes to the membership of an unincorporated body</b>	
<b>Section 1. Unincorporated body details</b>		
Unincorporated body name (registered provider)		

You must notify us **eight weeks** in advance if there is a proposed change in a member of the unincorporated body, such as a new member being appointed.

This form is **not applicable** where there is a **change to the registered provider** entity that requires a new unincorporated body charter and or agreement. In such cases, the intending registered provider must submit an application to register.

#### Section 1 of NF37B. Unincorporated body details

Complete in line with guidance in this handbook.

#### Section 2 of NF37B. Change to the membership of the unincorporated body

In section 2, please tick the checkbox provided to confirm that the unincorporated body, currently named on our register as registered provider, has **not been dissolved** as a result of this change.

If the unincorporated body will be dissolved, the new body must apply to register. It is an offence for the new unincorporated body to carry on the business of the designated centre unless registered with us.

#### Section 3 (new members) and 4 (departing members) of NF37B

For new members and members who are leaving, please state the following for each person in the relevant part of the form:

- their title, such as Ms, Mr, Dr, and their first name and surname, and
- the date the change will take effect.

If the number of rows provided in this section is insufficient for the number of new or departing members, please continue on a photocopy of the page.

#### Section 5 of NF37B. Declaration by the registered provider

The declaration should be signed by the registered provider, or by a person authorised by the registered provider. Please see Appendices 1 and 2 for further guidance. Please note that we will only accept forms with an original signature.

## Chapter 3 — Submitting registration notifications and paying annual fees

### NF37C Change to name or contact details of an unincorporated body

<b>NF37C Form</b>	Health Information and Quality Authority <b>Change to name or contact details of an unincorporated body</b>	 Health Information and Quality Authority <small>An tSúil le hAislingí agus Cálacha Sáine</small>
<b>Section 1. Unincorporated Body details.</b>		

You must notify us **eight weeks** in advance if there is a proposed change to the contact information provided for the unincorporated body at the time of registration.

This form is **not applicable** where there is a **change to the registered provider** entity that requires a new unincorporated body charter and or agreement. In such cases, the intending registered provider must submit an application to register.

We will issue post and email correspondence to the contact information provided at the time of registration and currently on our register. If this changes, it is vital that you inform us of this change.

#### Section 1 of NF37C. Unincorporated body details

Complete in line with guidance in this handbook.

#### Section 2 of NF37C

##### Unincorporated body's name

- If applicable, please state the new name of the unincorporated body and the date that the change will take effect.

##### Change of address, phone number or Eircode

- If applicable, please state the change of address or Eircode for the unincorporated body, or its phone number, and the date it will take effect.

##### Change to email address

- If the email address of the unincorporated body changes, please state the new email address and the date the change will take effect.

#### Section 3 of NF37C. Declaration by the registered provider

The declaration should be signed by the registered provider, or by a person authorised by the registered provider. Please see Appendices 1 and 2 for further guidance. Please note that we will only accept forms with an original signature.

## Chapter 3 — Submitting registration notifications and paying annual fees

### Annual fee

Registered providers of designated centres for older people, people with disabilities and special care units for children and young people must pay an annual fee to HIQA. Complying with the regulations on paying annual fees is essential for the ongoing registration of your centre.

#### How much is the annual fee?

The annual fee is €183 for each resident or child. The registration regulations set out the fee to be paid by designated centres and how it is calculated.

The annual fee is payable in three equal instalments every four months. The fee due for each resident or child for each of the three billing periods is €61 and becomes due on 1 January, 1 May and 1 September each year for each period of four months immediately following those dates.

For example, if you are registered to accommodate 10 residents:

- your annual fee will be €1,830 (10 x €183)
- you will be required to make three payments of €610 (€1,830÷3) in January, May, and September each year.

#### When should I pay my annual fee?

The annual fee payment becomes due on 1 January, 1 May and 1 September each year in respect of each four-month period immediately following those dates. Each instalment is payable not later than the last day of the calendar month in which the instalment falls due. So, for instance, annual fees that fall due on 1 January must be paid by 31 January and so on.

It is the responsibility of each registered provider to remain in compliance with this regulatory requirement.

#### What if I fail to pay my annual fee on time?

Annual fees that have not been paid for the period in question become overdue on 1 February, 1 June and 1 October. Providers who fail to comply with this regulation will receive correspondence, including an initial reminder, a request to attend a provider warning meeting, up to and including written notification of a decision to refuse the application for or to cancel the registration of the designated centre. **Consequently, please be advised that if there is a failure to pay annual fees on time as outlined above, this may impact on the registration of the designated centre.**

## Chapter 3 — Submitting registration notifications and paying annual fees

### What is the annual fee based on?

The payment requested for the annual fee will be based on the following:

Designated centres for people with disabilities	Designated centres for older people	Designated special care units
The number of registered residential places	The number of registered residential places OR	The number of registered residential places OR
	The declared occupancy by registered providers	The declared occupancy by registered providers

Please note that designated special care units and designated centres for older people will be billed on the number of registered beds unless they submit a declaration of the occupancy in their centre to the Chief Inspector. This is done by submitting an NF60 form.

You will receive an invoice by email for each of the three annual billing periods once the NF60 submission window for each billing period has closed. For more details, see the section on the following pages on NF60s for designated centres for older people and designated special care units.

### How do I pay my annual fee?

We only accept electronic funds transfer (EFT) payments for the annual fee. Therefore, please do not send us a cheque, postal order or bank draft, as it will be returned to you. **Our banking details for EFT for paying the annual fee are provided in [Appendix 3 of this handbook](#).** After completing payment of your annual fee, please forward a copy of your bank remittance (copy of proof of payment) to [AR@hiqa.ie](mailto:AR@hiqa.ie). In your email to us, please include the OSV number and centre name so that we can assign your payment on our records.



Please note that our banking details are the same for paying the annual fee as for paying registration or renewal application fees (see Chapter 1 for more detail on paying registration fees).

## Chapter 3 — Submitting registration notifications and paying annual fees

Please include your account number that is issued to you on your invoice. Please quote the following information when making your EFT payment using either online banking or through a bank:

<b>Account number</b>	Your account number is issued to you on your invoice or in the subject line of your billing email which has the invoice attached. This number is: <ul style="list-style-type: none"> <li>▪ 12 characters long</li> <li>▪ starts with the letter 'D'</li> <li>▪ combines your centre ID (OSV)</li> <li>▪ ends with the numbers 001 or 002 and so on.</li> </ul>
<b>Centre name</b>	Name of the designated centre

### Annual fee notifications — NF60s for designated centres for older people and designated special care units

<b>NF60 Form</b>	Health Information and Quality Authority <b>Declaration of Occupancy *</b>	 <p>Health Information and Quality Authority An tUdarás Um Fhaisnéis agus Cállocht Sláinte</p>
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Registered providers of designated centres for older people and designated special care units can submit a declaration of the occupancy in their centre to the Chief Inspector on the first day of the billing period if occupancy is below the level of registered residential places on 1 January, 1 May or 1 September.

An NF60 notification form can be used for this. Providers can submit the NF60 between the 1st and 15th of the month in January, May and September. If providers are at full occupancy on the first day of the billing period in question, there is no need to submit an NF60.

#### Who does the NF60 form apply to?

The NF60 notification form only applies to **registered providers** of designated centres for **older people** and **special care units**.

## Chapter 3 — Submitting registration notifications and paying annual fees

### Why should I send in an NF60 form?

Registered providers may send us an NF60 notification form if the number of residents or children accommodated at the designated centre on the 1 January, 1 May, and 1 September is **less** than the number currently entered on the register.

This means your annual fee for that period will be based on the **lower number of residents or children**.

For example, if the designated centre is registered for 10 residential places, and the number of residents or children to be accommodated is outlined on the NF60 as being eight adults or children to be accommodated on 1 January, then:

- the annual fee for that four-month period (1 January to end of April) will be €488, based on:
  - €183 per resident or child x 8 residents or children ÷ 3 payment periods, if you had submitted an NF60 to that effect.

### When should I submit the NF60?

We will only accept NF60 notifications that have been submitted **between** the following dates:

- 1 January to 15 January for the January to April billing period
- 1 May to 15 May for the May to August billing period
- 1 September to 15 September for the September to December billing period.

Please allow sufficient time for postage so that your declaration arrives before the 15<sup>th</sup> of the month in question.

We are unable to **accept** forms submitted before the first day of the billing period or after the 15<sup>th</sup> day of the billing period.

### What will happen if I do not send in an NF60?

If you do not submit an NF60, your annual fee for that billing period will be based on the number of residential places entered on our register for your designated centre.

### What if I my NF60 is incomplete or incorrect?

We will not be able to process it, so your annual fee for that billing period will be based on the number of places entered on our register for your designated centre.

## Chapter 3 — Submitting registration notifications and paying annual fees

For further information on the annual fee for designated centres for older people and designated special care units, see Regulation 8(3) of either the registration regulations for older people or for special care units.

### Where do I submit my NF60?

We recommend that **providers of centres for older people** make their annual occupancy declaration using our **online provider portal website**. This is the most efficient and secure method of submitting your NF60 or Annual Return Notification. Once you have clicked 'submit', you will receive a real-time confirmation on screen from us that your notification has been received.

- You can register as a portal user by going to [www.hiqa.ie](http://www.hiqa.ie) or by clicking [here](#) and completing the online registration.
- Or, if you are currently registered as a portal user, you can log in [here](#).

**Special care units** can email their NF60 to us at [registration@hiqa.ie](mailto:registration@hiqa.ie). Providers can also post completed signed forms to:

Registration Office  
Regulatory Support Services  
Health Information and Quality Authority  
Unit 1301, City Gate  
Mahon, Cork, T12 Y2XT.

While providers of centres for older people are advised to submit their NF60 notifications using the Provider Portal, they can also email the NF60 notification to: [registration@hiqa.ie](mailto:registration@hiqa.ie).

## Appendix 1 — Signing applications to register, applications to renew registration, and personal information declarations

### Appendix 1 — Signing applications to register, applications to renew registration and personal information declarations

Registration applications and or relevant declarations should be signed by the applicant, registered provider or in the case of a company, partnership or unincorporated body by an authorised signatory (a person authorised by the registered provider or applicant). Please use the following table as guidance. See Appendix 2 on the next page for further information on authorised signatories.

Who can sign the declaration?	Who will be accepted by the Chief Inspector to sign the declaration on behalf of the applicant or provider?
<b>Sole trader</b>	Individual person (sole trader — the person applying to register or renew registration)
<b>Company</b>	A director of the company OR Authorised signatory for and on behalf of the company
<b>Partnership</b>	A partner of the partnership OR Authorised signatory for and on behalf of the partnership
<b>Unincorporated body</b>	A member of the committee of management or other controlling authority of the unincorporated body OR Authorised signatory for and on behalf of the unincorporated body
<b>Statutory body</b>	Person responsible on behalf of the statutory body. <sup>‡</sup>

<sup>‡</sup> Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended); Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended); Health Act 2007 (Registration of Designated Centres) (Special Care Units) Regulations 2017.

## Appendix 2 — Who is an authorised signatory for signing declarations?

### Appendix 2 — Who is an authorised signatory for signing declarations?

If the applicant or provider is a **company**, a **partnership** or an **unincorporated body**, the applicant or provider may appoint an authorised signatory or authorised signatories to sign relevant documentation on its behalf. For example, application forms to register or renew registration, registration notification forms and prescribed information forms that require a signature.

Once validly appointed, an authorised signatory or signatories will be authorised to sign all relevant forms on behalf of the applicant or provider until such time as the authorisation is revoked by the applicant or provider and such revocation is notified to the Chief Inspector in writing.

Where an authorised signatory has been appointed, an original hard copy letter of authorisation signed by the applicant or provider — stating that the authorised signatory or signatories has or have been validly authorised to sign documentation on its behalf — must be sent to the Chief Inspector in advance of signing authority starting.

This authorisation must take the form of a resolution duly passed by:

- the board of directors of the company named as being the applicant or provider or
- the partners of the partnership named as being the applicant or provider or
- the members of the committee of management or other controlling authority of the unincorporated body named as being the applicant or provider.

In the case of a statutory body, the authorised signatory must be a person with delegated authority as provided for by the relevant legislation for the statutory body.

## Appendix 2 — Who is an authorised signatory for signing declarations?

### Letters of authorisation for authorised signatories

The letter notifying the Chief Inspector of the appointment of an authorised signatory must confirm that:

- a resolution has been passed by those persons or directors named as the applicant or provider
- the provider of applicant has validly authorised the appointment of the named authorised signatory or signatories in line with all applicable laws and terms of the provider's or applicant's rules of establishment or constitutional documents or deed or other documentation or governing principles
- the appointment of an authorised signatory or signatories has taken place with the knowledge and consent of all relevant parties, including those nominated by the provider or applicant to be an authorised signatory
- there are no limits or restrictions of any kind on the provider or applicant that would prevent the appointment of an authorised signatory or signatories
- the provider will notify the Chief Inspector immediately and in writing of any change to the authorised signatory or signatories — it is a regulatory requirement to do so and is the responsibility of the provider.

We have created a template letter of authorisation for authorised signatories, which is available on our website, [www.hiqa.ie](http://www.hiqa.ie). Search online for **HIQA.ie + Template Letter of authorisation for authorised Signatories**.

### Who can sign the letter of authorisation?

The letter notifying the Chief Inspector of the appointment of an authorised signatory may be signed by an individual who is an inherent part of the provider entity such as:

- a director of the company
- a partner of the partnership
- a member of the committee of management or other controlling authority of an unincorporated body.

In the case of a statutory body, the individual must be a person with delegated authority as provided for by the relevant legislation for the statutory body.

## Appendix 2 — Who is an authorised signatory for signing declarations?

### **Existing registered providers**

In the case of those providers already registered by the Chief Inspector, the original hard copy letter must be sent to us by post in advance of exercising signing authority during an application. For example, when registering a new centre or renewing the existing registration of a centre.

### **Potential new providers**

For entities who are not registered by the Chief Inspector, a letter notifying the Chief Inspector of the appointment of an authorised signatory will form part of the potential new provider's application to register.

Appendix 1 indicates who will be accepted by the Chief Inspector to sign registration applications and or relevant declarations on behalf of providers or applicants, other than authorised signatories.

## Appendix 3 — Banking details for payment of registration fees and annual fees

### Appendix 3 — Banking details for payment of registration fees and annual fees

#### **New banking details from autumn 2022 for paying the registration fee and annual fees**

Centre ID (OSV)	This unique 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	IE94DABA95159980006688
Swift/BIC	DABAIE2D

## Appendix 4 — Revision history

## Appendix 4 — Revision history

Revision date	Summary of changes
July 2023	<p><b>Version 1</b></p> <p>Publication of new combined registration guidance. This document supersedes the following:</p> <ol style="list-style-type: none"> <li>1. Registration, renewal and variation application handbook: November 2022.</li> <li>2. Registration prescribed information handbook: March 2022.</li> <li>3. Registration notification handbook: November 2022.</li> <li>4. Regulatory Notice: Important information about registration documentation for intended and registered providers of designated centres: Updated July 2021.</li> </ol> <p>The above four documents are now obsolete and should no longer be consulted.</p>
August 2023	<p><b>Version 1.1</b> Updated floor plan graphic to include scale.</p> <p><b>Version 1.2</b> Updated formatting.</p>
September 2023	<p><b>Version 1.3</b> Updated formatting.</p>
March 2025	<p><b>Version 2</b> Updated on the commencement of Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) (Amendment) Regulations 2025</p>
May 2025	<p><b>Version 2.1</b> Added references to amended regulations for designated centres for older people and designated special care units. No other change to contents. These are now referred to as:</p> <ul style="list-style-type: none"> <li>— Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended)</li> <li>— Health Act 2007 (Care and Welfare of Children in Special Care Units) Regulations 2017 (as amended)</li> </ul>

## Your notes

## Your notes



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