

Regulation of  
Health and Social  
Care Services

# Registration, renewal and variation application handbook

Guidance for registered providers completing a  
registration application pack.

June 2021

## About the Health Information and Quality Authority (HIQA)

The Health Information and Quality Authority (HIQA) is an independent statutory authority established to promote safety and quality in the provision of health and social care services for the benefit of the health and welfare of the public.

HIQA's mandate to date extends across a wide range of public, private and voluntary sector services. Reporting to the Minister for Health and engaging with the Minister for Children, Equality, Disability, Integration and Youth, HIQA has responsibility for the following:

- **Setting standards for health and social care services** — Developing person-centred standards and guidance, based on evidence and international best practice, for health and social care services in Ireland.
- **Regulating social care services** — The Chief Inspector within HIQA is responsible for registering and inspecting residential services for older people and people with a disability, and children's special care units.
- **Regulating health services** — Regulating medical exposure to ionising radiation.
- **Monitoring services** — Monitoring the safety and quality of health services and children's social services, and investigating as necessary serious concerns about the health and welfare of people who use these services.
- **Health technology assessment** — Evaluating the clinical and cost-effectiveness of health programmes, policies, medicines, medical equipment, diagnostic and surgical techniques, health promotion and protection activities, and providing advice to enable the best use of resources and the best outcomes for people who use our health service.
- **Health information** — Advising on the efficient and secure collection and sharing of health information, setting standards, evaluating information resources and publishing information on the delivery and performance of Ireland's health and social care services.
- **National Care Experience Programme** — Carrying out national service-user experience surveys across a range of health services, in conjunction with the Department of Health and the HSE.

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## Registration pack

The registration pack contains the relevant forms you need when you apply to register 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 an individual (sole trader), a partnership, a company, an unincorporated body or a statutory body.

For us to process your application promptly, you must send us a complete registration pack; this includes the relevant application form type and the prescribed information required to accompany your application form.

## Section 1 Application form

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

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

There are **4 essential criteria** used to determine if you have made an application as per the Health Act 2007:

1. Complete application form.
2. Application fee.
3. Statement of purpose and function.
4. Floor plans.

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

- **return**, via post, all documentation 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 should an application be successful and ready for a site visit to assess compliance with the regulations.

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


### New Intended Provider (existing designated centre)

Where it is proposed to change the person/entity carrying on the business of an existing designated centre then the existing registered provider must submit a letter of consent authorising the Chief Inspector to engage with the incoming person/entity for the purposes or progressing the application.

The template letter is available at <https://www.hiqa.ie/> and must be submitted by post on headed notepaper and signed by the registered provider or by a person authorised by the registered provider.

## Cover page of the application form

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

<b>DCD</b> <b>Company</b>	Health Information and Quality Authority Application to <b>register</b> a designated centre for persons (children and adults) with <b>disabilities</b> (DCD)	 Health Information and Quality Authority <small>An tUdarás Um Fhaisnéis agus Cáilíocht Sláinte</small>
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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 Office of the Chief Inspector. Please use the same name consistently across all documentation.

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

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

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

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

What is the applicant or registered provider entity type?	What is the applicant or registered provider name I should enter here?
<p><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>
<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 is 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'.</p>
<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. All company types must have one secretary and a minimum of one director. In the case of a company, the company, such as 'HIQA House Limited' is the</p>	<p><b>Company name</b> as per the Companies Registration Office Registration (<a href="http://www.cro.ie">www.cro.ie</a>), such as 'HIQA House Limited'.</p>

What is the applicant or registered provider entity type?	What is the applicant or registered provider name I should enter here?
<p>registered provider, with the company being legally responsible for the designated centre.</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 State-sponsored body established under the Health Acts 1947 to 2010 or a body established under the Health (Corporate Bodies) Act 1961, beneficially owned by the Government. The statutory body is the registered provider and will be legally responsible for carrying on the business of a designated centre.</p>	<p><b>Name of the State-sponsored body</b> established under the Health Acts 1947 to 2015, or the Health (Corporate Bodies) Act 1961.</p>

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

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

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

## Section 1.1 Designated centre details

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



**Section 1.1 Designated centre details.**

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

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

**Eircode** - please include the Eircode relevant to your designated centre. Please use the Eircode finder available at [www.eircode.ie](http://www.eircode.ie)

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

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

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

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

### Disability

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

**What is the number of beds at the designated centre you are applying to register?** — the number entered in this field represents the maximum number of residents that you consider can be accommodated at the designated centre, and that you are seeking registration for.

**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 places you are applying to register.

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

### Older persons

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

**What is the number of 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?** – if so, you should:

- tick the '**No**' checkbox if the number of places you are applying to register is the **same as your current registration**, or,
- tick the '**Yes**' check box if you are applying to **increase the number** of residents you are currently registered to accommodate.

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

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

### Special care units

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

**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?** – if so, you should:

- tick the '**No**' checkbox if the number of places you are applying to register is the **same as your current registration**, or,
- tick the '**Yes**' check box if you are applying to **increase the number** of residents you are currently registered to accommodate.

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

If you are completing a special care units 'application to register' form, you will be asked to enter the number of beds you are applying to register only.

**Category of designated centre** — this section is only relevant to ‘application to register’ forms. The categories of designated centres are based on the Health Act 2007; please use the following table to identify the category relevant to your designated centre and tick the relevant checkbox.

Category	Does this category apply to me?
A residential service provided by the Executive (HSE)	This option is only included in the application form for registering statutory bodies.
A nursing home as defined in section 2 of the Health (Nursing Home) Act 1990	This option is included in the older persons application form for a company, partnership, an individual and 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. Please click <a href="#">here</a> for the full definition.
A service provider who has an arrangement under section 38 of the Health Act 2004	This option is included in all application to register forms. Please 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. Please click <a href="#">here</a> for full section 38 details.
A person that is not a service provider, but who receives assistance under section 39 of the Health Act 2004	This option is included in all application to register forms. Please mark this category if you are an applicant who is not a service provider and if you are in receipt of assistance under section 39 of the Health Act 2004. Please click <a href="#">here</a> for full section 39 details.
A person that is not a service provider, but who receives assistance under section 10 of the Child Care Act, 1991	This option is included in disability-application-to-register forms only. Please mark this category if you are an applicant who is not a service provider and if you are in receipt of assistance under section 10 of the Child Care Act, 1991. Please click <a href="#">here</a> for the full section 10 details.
A service provided by the Child and Family Agency	This option is included in Special care unit application-to-register forms only. Please mark this category if the applicant is the Child and Family Agency providing the service.

Category	Does this category apply to me?
A service provided on behalf of the Child and Family Agency (Health Act 2004 Section 38 Arrangement)	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 under section 38 of the Health Act 2004 to provide a health or personal social service on behalf of the HSE. Please click <a href="#">here</a> for full section 38 details.
Other	If you believe that you provide care which does not fall into any of the above categories due to the specific nature of care provided then please mark the ' <b>other</b> ' checkbox and specify the type of care that is provided at the designated centre.

## Section 1.2 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 identified in the 'designated centre details' section. If you complete subsection 1.2.1, the next two subsections, 1.2.2 and 1.2.3, do not apply to you – proceed to 'Section 1.3'.

**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)	<b>Unit 1301</b> <b>City Gate</b> <b>Mahon</b> <b>Cork, T12 Y2XT</b>	
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 Designated centre comprising **more than one building**

Subsection 1.2.2 Designated centre is comprised of <b>more than one building</b> .	
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.	

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 1.2.3 Building details

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

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

- 'building 1' is usually the designated centre that serves as the main building. In this instance, the address details should correspond with the address details you identified in the 'designated centre details' section of this form.
- for 'building 2', 'building 3' and so on, please state the individual building address including the Eircode.
- a subsection 1.2.3 should be completed for separate buildings that may have the same address.

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

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

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

- please state the number of beds you intend to register in **this building** only.
- the number of places identified for each building should total the number of places you have applied to register in the 'designated centre details' section.

For **each building**, you should then complete the following questions, as per the example illustrated in section 1.2.1:

- 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 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 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 <b>name</b>	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

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**.

### Subsection 1.3.2

Please identify if there have 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,
- **the registered provider representative** information. 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'.

## Section 1.3 Registered provider – application to renew

If you are applying to renew registration you have the option to inform us if there has been **no change** to the registered provider information previously supplied by ticking the relevant checkbox. 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'

Or

If there **has been a change** to the registered provider 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) and complete 'Section 1.4 Registered provider details' with the updated information and 'Subsection 1.4.1. Registered Provider Representative'

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 our **Registration Notification Handbook** for more guidance.

## Section 1.4 Applicant's Details

The information outlined in the [older persons](#) and persons with [disability](#) and [special care units](#) registration regulations 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. Please read the guidance relevant to your entity type.

### Contact information common to all entity types

**Business address** — please enter the address and relevant [Eircode](#) of the principle place of business **of the entity**. If the entity has registered their name as a business (where applicable), please use the address associated with that registration ([www.cro.ie](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. We will send regular email correspondence and registration renewal reminders to the email address you provide in this section.

**Note:** All correspondence will be addressed to registered provider.

- It is the responsibility of the registered provider to ensure correspondence is circulated within their own organisation as appropriate.
- You must notify us of any changes to the contact information provided for the registered provider entity. For more guidance, please read our **Registration notifications handbook**.
- Email addresses supplied to HIQA should not be linked to another company or individual who is not associated with the registered provider or centre. Email addresses which are not under the control of the provider or stakeholder may expose you to a breach of the General Data Protection Regulations as other organisations may have access to this information.
  - In addition please note that yahoo email accounts are not appropriate to use as the Yahoo server will not accept any emails from the hiqa.ie address as it is classified as spam.

## Subsection 1.4.1 Registered Provider Representative (RPR)

This section is relevant to all registered provider entities excluding 'individuals' (sole traders). You are required to nominate a Registered Provider Representative (RPR) to the Office of the Chief Inspector. For providers with more than one designated centre you may either nominate a different RPR for your centres or you can have the same RPR across one or more of your centres. Please ensure this section is completed in full. The table below outlines examples of who will be accepted by the Chief Inspector as a registered provider's representative.

Table 2. Examples of who will be accepted by the Chief Inspector as 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 the Registered Provider Representative, please read the following documents available to download from our website [www.hiqa.ie](http://www.hiqa.ie).

- *'Fitness Guidance for Intended/Registered Providers'*
- Regulatory Notice – *'Important information about registration documentation for intended and registered providers of designated centres'*

### Information specific to a partnership

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

**Please select from one of the following options** — in this section you should tell us the partnership 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.

**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 authorized 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>	<i>1 Jan 2016</i>
2. Mr. Joe Smith	<i>Joe Smith</i>	<i>1 Jan 2016</i>

## 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) and their first name and surname.

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

**Company chairperson and company chief executive or manager** — if the directors have elected a chairperson and or have appointed a person to manage the overall operations of the company, such as a chief executive or manager, please state their title (Ms, Mr, Dr) and their first

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name and surname in this section. However, if no such person is elected by the directors, you should tick the 'N/A' (not applicable) checkbox(es).

**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) and their first name and surname.

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.

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

### Information specific to an unincorporated body

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

### Information specific to a statutory body

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

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.

## Section 1.5 Management and staff details

### Person in charge

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

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

- [click here](#) for Regulation 14(1) of the Health Act 2007 (Care and Support of Residents in designated centres for **older persons**) Regulations 2013.
- [click here](#) for Regulation 14(1) of the Health Act 2007 Care and Support of Residents in Designated Centres for Persons (Children and Adults) with **disabilities**) Regulations 2013.
- [click here](#) for Regulation 13(1) of the Health Act 2007 (Care and Welfare of Children in Special Care Units) Regulations 2017.

## Person participating in management

Please state the name of each person participating in the management of the designated centre (other than the person in charge). A person named as a person participating in the management needs to be actively engaged in the governance and management of the designated centre. This person or persons will be required to undergo an assessment of fitness and will be named on the certificate of registration and our register of designated centre. At a minimum the person in charge must be named.

**Note:** The applicant and or registered provider must send us **prescribed information**, as required by the regulations, for the person in charge and each person participating in management. Please read the [Registration Prescribed Information Handbook](#) 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 to the person in charge or person participating in management, you should:

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

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

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

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

**Note:** Where the person in charge will be absent for a period longer than 28 days (planned or unexpected), you must notify us.

## Section 1.6 Contact person

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

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

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

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

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

- floor plans
- statement of purpose

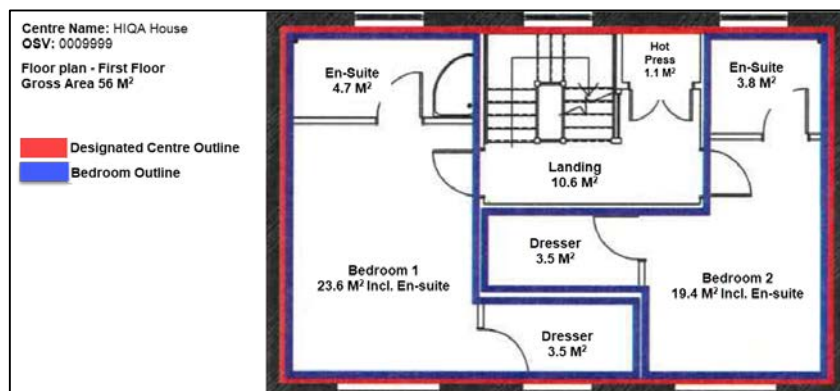
### Floor plans

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.

#### What is the floor plan criteria?

You are not required to have the floor plans drawn up by an architect; however, floor plans submitted must meet the following criteria:

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



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

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

10. All bedrooms must include a room number



### What is the floor plan declaration?

A floor plan declaration must accompany each set of floor plans submitted to the registration office. The declaration must state:

- *'I confirm that the floor plans were reviewed on dd/mm/yyyy and are a true representation of the total footprint of the designated centre'*

Please send this declaration along with your floor plans to [registration@hiqa.ie](mailto:registration@hiqa.ie) if softcopy or, include this declaration in a cover letter if submitted via post.

### 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
- a new declaration

### 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:

11. a set of floor plans to scale for each building
12. state the centre's ID (OSV) number on each set of floor plans
13. 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 declaration in writing stating 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 and function

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


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

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

## Section 1.8 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.

<p>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></p> <p>Please note that in the event that the site is not ready for assessment and decision the application will be refused.</p>	
--	---

## Section 1.8 Declaration (application to renew) or Section 1.9 Declaration (application to register)

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

Section 1.8 Declaration by the registered provider		For official Use
I, the undersigned, declare on behalf of the company that the information I have provided in this application form is true to the best of my knowledge and belief		
Name (print)	John Smith	
Position	Director	<input type="checkbox"/>
	Authorised signatory for an on behalf of the company	<input type="checkbox"/>
Signed	<i>John Smith</i>	
Date	1 May 2016	
Contact number (during office hours)	021 240 9300	

**Position** - the position checkbox will vary depending on the applicant/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 this form electronically; you must print the form, sign this section by hand and then send by post to the registration office.

### Who should sign the declaration?

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

Who can sign the declaration	Who will be accepted by the Chief Inspector to sign the declaration on behalf of the 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*

**Statutory body**

Person responsible on behalf of the statutory body for the application

**\*Who is an authorised signatory?**

If the Provider is a company, a partnership or an unincorporated body, the Provider may appoint an individual or individuals as an authorised signatory or authorised signatories to sign relevant documentation<sup>5</sup> on its behalf.

Once validly appointed, an authorised signatory or signatories will be authorised to sign all relevant forms on behalf of the Provider until such time as the authorisation is revoked by the Provider and such revocation is notified to the Chief Inspector in writing.

Where an authorised signatory has been appointed, an original hard copy letter signed by the Provider— stating that the authorised signatory or signatories has or have been validly authorised to sign documentation on behalf of the Provider — must be sent to the Chief Inspector in advance of the authorised signatory exercising signing authority.

This authorisation must take the form of a resolution duly passed by:

- the board of directors of the company named as being the Provider or
- the partners of the partnership named as being the Provider or
- the members of the committee of management or other controlling authority of the unincorporated body named as being the Provider.

A letter of authorisation notifying the Chief Inspector of the appointment of an authorised signatory must be sent by post in advance of the authorised signatory exercising signing authority. This letter must contain certain information which is set out in our Regulatory Notice – *Important information about registration documentation for intended and registered providers of designated centres* which is available to download from our website [www.hiqa.ie](http://www.hiqa.ie)

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

## Section 2. Application fee

### What is the application fee?

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

- The prescribed fee to accompany an application to register or renew registration is €500 in line with:
  - Regulation 4(3) of the registration regulations for older people (DCOP)
  - Regulation 5(4) of the registration regulations for persons with disabilities (DCD)
  - Regulation 4(4) of the registration regulations for special care units (SCU)
- 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 application fee?

As a public sector body, HIQA can only accept electronic payments. **Please do not send us a cheque, as it will be returned to you.** We will accept proof of payment of application fees in the form of an Electronic Fund Transfer (EFT). Please ensure to quote the following information to the bank when making your payment:

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	Ulster Bank Ltd., 95 Main Street, Midleton, Co Cork
Bank sort code	98-54-90
Account number	01002186
IBAN	IE96 ULSB 9854 9001 0021 86
Swift/BIC	ULSB IE 2D

## Section 3. Prescribed information

This section of the registration pack is a checklist of prescribed information required to accompany your application to register, or your application to renew. This is a legal requirement set out in the registration regulations for [Older persons](#), [Disability services](#), and [Special care units](#).

### Application to register

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

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

### Application to renew

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

**Older persons** — if you are applying to renew registration for an older person's service you should complete:

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

**Disability** — if you are applying to renew registration for a disability service, you should:

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

**Special care units** — if you are applying to renew a Special care unit, you should:

- a) complete section 3.1 stating if there has been a change to information supplied with your previous application,

- b) enclose up-to-date documentation, listed in section 3.2, with your registration pack and
- c) send us prescribed information for the designated centre, listed in section 3.3, as part of your registration pack.

For more guidance on how to complete this section and what you should submit please read our **Registration Prescribed Information Handbook**.

## Application to vary or remove a condition of registration

A registered provider carrying on the business of a designated centre may apply to the Chief Inspector for the variation or removal of any condition applied to the registration of the designated centre.

For us to process your application promptly you must make an application under the Health Act 2007. There are **four essential criteria** used to determine if you have made an application:

1. Application form.
2. Application fee.
3. Statement of purpose and function
  - Statement of purpose required if a change to the management of the centre is required to bring the proposed changes into effect.
4. Floor plans
  - Floor plans required if there will be structural changes to the premises that are used as the designated centre.

If one or more of the four criteria fail to meet the requirements, as outlined in this guidance, your application **will not be processed** and we will:

- **return**, via post, all documentation received as part of your registration pack.
- **refund** any application fee paid to HIQA.

### 1. Application form

The '[Application for the Variation or Removal of a Condition of Registration Form](#)' should be completed in full.

#### Section 1. Designated centre details

Please ensure this section is completed as per the [designated centre details](#) guidance provided in this document or as illustrated in the example below.

#### Section 2. and Section 3. Condition details

You must complete the 'Condition details' section 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** applying to remove one condition, you will need to complete **three** 'Condition details' sections in total.



**Section 2. Condition details**

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

Applying to <b>vary</b>	<input type="checkbox"/>	Applying to <b>remove</b>	<input type="checkbox"/>
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**Section 3. Condition details**

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

Applying to <b>vary</b>	<input type="checkbox"/>	Applying to <b>remove</b>	<input type="checkbox"/>
-------------------------	--------------------------	---------------------------	--------------------------

If you are applying to vary or to remove **more than two conditions** of registration, please submit additional condition information on a photocopy of the 'Conditions details' section.

### Section 4. 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.

In the event that the site is not ready, your application will be refused by the Chief Inspector.

<p>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></p> <p>Please note that in the event that the site is not ready for assessment and decision the application will be refused.</p>	
--	--

### Section 5. Declaration by the registered provider

Please read the guidance provided in the '**Declaration**' section of this handbook to ensure you complete the declaration correctly. Please note that we will only accept hard-copy forms with an original signature.

## 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.

### Disability

- The fee to accompany an **application to vary a condition of registration** is a minor variation fee of €100 per condition. This means that if you are applying to vary one condition of registration, the fee will be €100. If you apply to vary two conditions of registration, the fee will be €200, and so on. However, please be aware that the Chief Inspector reserves the right to apply a major variation fee of €500 if deemed applicable in the circumstances, as per regulation 8(5) (a) of the registration regulations for persons with [disabilities](#).
- The fee to accompany an **application to remove a condition** is €100 per 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, as per regulation 8(6) of the registration regulations for persons with [disabilities](#).

### Older persons

- The fee to accompany an **application to vary a condition of registration** is **€200** per application form. This means that if you are applying to vary a condition or conditions the fee will be €200 regardless of the number of conditions you are applying to vary as per regulation 7(4) of the registration regulations for [older people](#).
- The fee to accompany an **application to remove a condition of registration** is **€100** per application. This means that if you are applying to remove a condition or conditions the fee will be €100 regardless of the number of conditions you are applying to remove as per regulation 7(4) of the registration regulations for [older people](#).
- However, if you are applying to vary a condition of registration and applying to remove a condition of registration using one application form, the fee to accompany that application will be €300.

### Special care units

- The fee to accompany an **application to vary a condition of registration** is **€200** per application form. This means that if you are applying to vary a condition or conditions the fee will be €200 regardless of the number of conditions you are applying to vary as per regulation 7(4) of the registration regulations for [special care units](#).
- The fee to accompany an **application to remove a condition of registration** is **€100** per application. This means that if you are applying to remove a condition or conditions the

fee will be €100 regardless of the number of conditions you are applying to remove as per regulation 7(5) of the registration regulations for [special care units](#).

- However, if you are applying to vary a condition of registration and applying to remove a condition of registration using one application form, the fee to accompany that application will be €300.

Application type	Disability	Older persons	Special care units
Variation	€100 per condition	€200 per application	€200 per application
Removal	€100 per condition	€100 per application	€100 per application

Please read the guidance outlined in the [‘Application fee’](#) section of this handbook to ensure that you complete the Electronic Funds Transfer (EFT) correctly.

### 3. Statement of Purpose and Function

If you have identified on the application form that a change to the management of the designated centre is required to bring the proposed changes into effect (as illustrated), you must send us an updated version of your Statement of Purpose and Function that reflects the change.

Will there be a change to the <b>management</b> of the centre, required to bring the proposed changes into effect.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
--	---

### 4. Floor plans

If you have identified on the application form that there will be structural changes to premises that are registered as the designated centre (as illustrated), you must send us a copy of the floor plans that reflect this change.

Will there be <b>structural changes</b> <sup>†</sup> to the premises that are used as a designated centre.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
--	---

**Note:** Structural changes should fall within the registered floor plan of the designated centre. If the structural change is greater than the registered floor plan you should complete an application to register.

Please read the guidance outlined in the [floor plans](#) section of this handbook to ensure you submit the floor plans correctly.





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