


DCOP Statutory body	Health Information and Quality Authority (HIQA) Application to renew registration of a designated centre for older people (DCOP)	
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Designated centre name (Max. 100 Characters)	
Registered provider name (Statutory body name)	
Centre ID (OSV)	
Current registration number	
Registration expiry date	

Please check this registration pack applies to you.

You should make sure:

- ☐ You are applying to **renew** your current registration.
- ☐ The **statutory body** is currently registered as the registered provider carrying on the business of the designated centre.
- ☐ You are providing a residential service for **older people** (DCOP).

Your registration pack to renew registration is made up of three sections.


We will process your application on receipt of:

- **Section 1.** Application Form (including statement of purpose and floor plans), and
- **Section 2.** Application Fee.

Your application should also be accompanied by:

- **Section 3.** Prescribed Information.

Please read our guidance when completing each section. Our guidance is available to download from our website www.hiqa.ie.

DCOP Section 1	Health Information and Quality Authority Application form	 Health Information and Quality Authority <small>An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte</small>
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Section 1.1 Designated centre details

Centre address		
Eircode		
Centre phone number		
Fax number (if applicable)	N/A <input type="checkbox"/>	
Website (if applicable)	N/A <input type="checkbox"/>	
Date the centre was established (if applicable)	N/A <input type="checkbox"/>	
What is the number of beds at the designated centre you are applying to renew ?		
Are you applying to register new beds with this application?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes , please state the number of additional beds you wish to register.		

Section 1.2 Facilities and Services

Please state if the designated centre comprises one or more **buildings**? Please tick **one** box and complete either subsection 1.2.1 **or** subsection 1.2.2

Subsection 1.2.1 Designated centre is comprised of **one** building. ☐

Subsection 1.2.2 Designated centre is comprised of **more** than one building. ☐

Subsection 1.2.1 Designated centre is comprised of **one** building

Is the applicant owner or tenant?	Owner <input type="checkbox"/>	Tenant <input type="checkbox"/>
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If you ticked **tenant**, please state the owner's name and address (including Eircode).

Please state the start and end date of the lease agreement

Start date

End date

Will the applicant or any staff member reside at the designated centre?

Applicant

Yes ☐ No ☐

Staff member

Yes ☐ No ☐

If the designated centre is comprised of one building, **do not complete subsection 1.2.2 or subsection 1.2.3**. Please go to section 1.3 (page 7).

Subsection 1.2.2 Designated centre is comprised of **more** than one building

How **many** buildings does the designated centre comprise?

Please complete '**subsection 1.2.3 building details**' for each building where the designated centre is comprised of more than one building.

Subsection 1.2.3 Building details		
Building 1.		
Building address		
Eircode		
Number of beds in this building you are applying to register		
Is the applicant owner or tenant?	Owner <input type="checkbox"/>	Tenant <input type="checkbox"/>
If you ticked tenant , please state the owner's name and address		
Eircode		
Please state the start and end dates of the lease agreement	Start date	End date
Will the applicant or any staff member reside at the building?	Applicant	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Staff member	Yes <input type="checkbox"/> No <input type="checkbox"/>

Subsection 1.2.3 Building details (cont.)		
Building 2.		
Building address		
Eircode		
Number of beds in this building you are applying to register		
Is the applicant owner or tenant?	Owner <input type="checkbox"/>	Tenant <input type="checkbox"/>
If you ticked tenant , please state the owner's name and address		
Eircode		
Please state the start and end dates of the lease agreement	Start date	End date
Will the applicant or any staff member reside at the building?	Applicant	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Staff member	Yes <input type="checkbox"/> No <input type="checkbox"/>

Subsection 1.2.3 Building details (cont.)		
Building 3.		
Building address		
Eircode		
Number of beds in this building you are applying to register		
Is the applicant owner or tenant?	Owner <input type="checkbox"/>	Tenant <input type="checkbox"/>
If you ticked tenant , please state the owner's name and address		
Eircode		
Please state the start and end dates of the lease agreement	Start date	End date
Will the applicant or any staff member reside at the building?	Applicant	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Staff member	Yes <input type="checkbox"/> No <input type="checkbox"/>

If your designated centre comprises of more than three buildings, please continue on a separate photocopy of section 1.2.3.

Section 1.3 Registered provider details (Statutory body)

Name of statutory body	
Address of the office of the statutory body	
Eircode	
Phone number of the office of the statutory body	
Email address of the statutory body	
Email (for billing purposes) ¹	

Subsection 1.3.1 Registered Provider Representative²

Name of the registered provider representative	(Title, Name, Surname)
Business phone number for the registered provider representative (during office hours)	
Business mobile number for the registered provider representative	

¹ You can specify a separate email address for the payment of the annual fee. If this is blank it will be sent to the registered provider email address.

² For a definition of the 'Registered Provider Representative' please read our guidance available to download from our website www.hiqa.ie

Business email address for the registered provider representative	
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Section 1.4 Person responsible for the application³ on behalf of the statutory body	
Name of the person responsible on behalf of the statutory body	(Title, Name, Surname)
Role in relation to the designated centre	
Business address of the person responsible	
Eircode	
Business phone number of the person responsible (during office hours)	
Business mobile number (optional)	
Business email address of the person responsible	

³ Please read our guidance for a definition of the person responsible for the application on behalf of the statutory body. Our guidance is available to download from our website www.hiqa.ie.

Section 1.5 Management and staff details

Name of the **person in charge**⁴ of the designated centre

Name or names of each **person participating in management**[‡] at the designated centre

Please continue on a separate photocopy of this section, if necessary.

⁴ Please read our guidance for the definition of a person in charge and a person participating in management. Our guidance is available to download from our website www.hiqa.ie.

Section 1.6 Contact person

Name of the contact person ⁵ (for the purpose of processing the registration pack)	
Business phone number (during office hours)	
Business mobile number (optional)	
Business email address	
What is the person's role ?	

Section 1.7 Information you must submit with your application form

A complete ⁶ application must include the following information.	Enclosed
1. A copy of final floor plans as built to scale, for each building that comprises the designated centre. On the plans you must: <ul style="list-style-type: none"> ▪ Outline in red all parts of the designated centre. ▪ Outline in blue all overnight accommodation (bedrooms).⁷ 	<input type="checkbox"/>
2. You must enclose a copy of the statement of purpose and function with this application.	<input type="checkbox"/>
3. You must enclose proof of payment of application fees in the form of an Electronic Funds Transfer (EFT) with this application.	<input type="checkbox"/>

⁵ Please read our guidance for the definition of a contact person. Our guidance is available to download from our website www.hiqa.ie.


⁶ You must submit a complete application as per the Health Act 2007 and regulations thereunder.

⁷ For more detailed guidance please refer to the Registration renewal and variation application handbook which is available on our website www.hiqa.ie.

Section 1.8 Declaration by the registered provider

I, the undersigned, having been authorised to do so, declare on behalf of the statutory body that the information I have provided in this application form is true to the best of my knowledge and belief.

Name (print)	
Position	Person responsible <input type="checkbox"/>
Signed	
Date	
Contact number (during office hours)	

DCOP Section 2	Health Information and Quality Authority Application fee⁸	 Health Information and Quality Authority An tUdarás Um Fhaisnéis agus Cáilíocht Sláinte
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Section 2.1 What is the application fee?

The application fee must accompany your application.		Paid	Date paid
Application to renew	€500	<input type="checkbox"/>	


Section 2.2 How to pay the application fee?

You should:

- **Pay** via Electronic Funds Transfer (EFT).
- **Quote** the following information to the bank when making your payment.

Centre ID (OSV)	This number has been issued to you by HIQA.
Centre name	Name of the designated centre.
Account name	Health Information and Quality Authority
Bank name and address	Ulster Bank Ltd., 95 Main Street, Midleton, Co Cork.
Bank sort code	98-54-90
Account number	01002186
IBAN	IE96 ULSB 9854 9001 0021 86
Swift/BIC	ULSB IE 2D

⁸ Each application must be accompanied by the application fee as per the Health Act 2007 and regulations thereunder.

DCOP Section 3	Health Information and Quality Authority Prescribed information	 Health Information and Quality Authority <small>An tÚdarás Um Fhaisnéis agus Cálíocht Sláinte</small>
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You must complete either section 3.1 (page 14) **or** section 3.2 (page 15).

Please tick **one** box and go to the associated section.

Section 3.1	There has been no change in the prescribed information supplied with the previous application. <input type="checkbox"/>
Section 3.2	A statement of each change, where there has been a change to prescribe information supplied with the previous application. <input type="checkbox"/>

Section 3.1 There has been no change in the prescribed information supplied with the previous application

The following prescribed information must accompany your application to renew form, unless recently submitted.	Enclosed	Recently submitted
1. Statutory declaration ⁹ stating that there has been no change in the particulars supplied since the previous application.	<input type="checkbox"/>	<input type="checkbox"/>
2. Copy of a current Garda vetting disclosure for the person in charge.	<input type="checkbox"/>	<input type="checkbox"/>
3. Copy of a current Garda vetting disclosure for each person participating in management.	<input type="checkbox"/>	<input type="checkbox"/>
If you have ticked the ' recently submitted ' box above, please provide the centre name, centre ID (OSV), and date the documentation was submitted. ¹⁰		

⁹ Registered provider renewal of registration statutory declaration form is enclosed with your registration pack.

¹⁰ Please read our guidance for an explanation of recently submitted and valid documentation. Our guidance is available to download from our website www.hiqa.ie.

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 change to the prescribed information for the registered provider ? Please tick either the 'Yes' or 'No' box:	Yes	No
1. Proof of identity for the person responsible on behalf of the statutory body.	<input type="checkbox"/>	<input type="checkbox"/>
2. Details of any previous experience by the statutory body of carrying on the business of a designated centre or similar service.	<input type="checkbox"/>	<input type="checkbox"/>
Has there been a change to the prescribed information for the person in charge ? Please tick either the 'Yes' or 'No' box:	Yes	No
1. Information supplied in the personal information form.	<input type="checkbox"/>	<input type="checkbox"/>
2. Photo identification.	<input type="checkbox"/>	<input type="checkbox"/>
3. Relevant qualifications.	<input type="checkbox"/>	<input type="checkbox"/>
Has there been a change to the prescribed information for any person participating in management ? Please tick either the 'Yes' or 'No' box:	Yes	No
1. Information supplied in the personal information form.***	<input type="checkbox"/>	<input type="checkbox"/>
2. Photo identification.	<input type="checkbox"/>	<input type="checkbox"/>
3. Relevant qualifications.	<input type="checkbox"/>	<input type="checkbox"/>

*** Personal information form is enclosed with your registration pack.

Section 3.2 A statement of each change, where there has been a change to prescribed information supplied with the previous application

In addition to a statement of each change, the following prescribed information must accompany your application to renew form, unless recently submitted.	Enclosed	Recently submitted
1. Updated prescribed information that has been changed since the previous application.	<input type="checkbox"/>	<input type="checkbox"/>
2. Copy of a current Garda vetting disclosure for the person in charge.	<input type="checkbox"/>	<input type="checkbox"/>
3. Copy of a current Garda vetting disclosure for each person participating in management.	<input type="checkbox"/>	<input type="checkbox"/>
If you have ticked the ' recently submitted ' box above, please provide the centre name, centre ID (OSV), and date the documentation was submitted. ¹¹		

¹¹ Please read our guidance for an explanation of recently submitted and valid documentation. Our guidance is available to download from our website www.hiqa.ie.

You should **post** your registration pack to:

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

Telephone no: (021) 240 9340

Email: registration@hiqa.ie