



## APPLICATION FOR REGISTRATION

### RESPONSIBLE PERSON OF ESTABLISHMENT OR AGENCY

- |                                |                          |                                  |                          |
|--------------------------------|--------------------------|----------------------------------|--------------------------|
| <b>Nursing Home</b>            | <input type="checkbox"/> | <b>Adult Placement Agency</b>    | <input type="checkbox"/> |
| <b>Residential Home</b>        | <input type="checkbox"/> | <b>Residential Family Centre</b> | <input type="checkbox"/> |
| <b>Domiciliary Care Agency</b> | <input type="checkbox"/> | <b>Children's Home</b>           | <input type="checkbox"/> |
| <b>Day Care Setting</b>        | <input type="checkbox"/> | <b>Nursing Agency</b>            | <input type="checkbox"/> |

## **GUIDANCE FOR RESPONSIBLE PERSONS**

**The Application Form refers to a person:**

- applying for registration as responsible person of an establishment or agency

**Article 13 paragraph (3) of The Health and Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003** states that “only an individual may apply for registration as a responsible person of an establishment or agency”

**Article 13 paragraph (4) of The Health and Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003** states that “a person who carries on or manages, or wishes to carry on or manage, more than one establishment or agency shall make a separate application in respect of each of them”

The responsible person shall be required to pay a registration fee as specified under **Part II of The Regulation and Improvement Authority (Fees and Frequency of Inspections) Regulations (Northern Ireland) 2005**

**The fee (where applicable) to accompany the Application should be made payable to:**

Regulation and Quality Improvement Authority

The completed Application Form together with all other documentation as specified within Sections 2 and 3 of this document should be forwarded to:

**The Regulation and Quality Improvement Authority  
9<sup>th</sup> Floor, Riverside Tower,  
5 Lanyon Place,  
Belfast  
BT1 3BT**

## Contents

**SECTION 1** - To be completed by the person who is seeking registration as the responsible person of an establishment or agency

**SECTION 2** - This section relates to the “fitness” of the responsible person to register as responsible person for the establishment or agency and **must** be completed in respect of each responsible person

**SECTION 3** - List of documentation to be provided by the person seeking registration to carry on an establishment or agency

## **SECTION 1**

To be completed by the person who is seeking registration as a responsible person in respect of an establishment or agency

### **Information about the responsible person**

i) Full Name \_\_\_\_\_

ii) Date of Birth \_\_\_\_\_

iii) Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

iv) Tel. Number \_\_\_\_\_

v) Email Address \_\_\_\_\_

### **Where the applicant is a Partnership**

Please provide details of the name and address of the partnership

**Name**

\_\_\_\_\_

**Address**

\_\_\_\_\_

**Tel No** \_\_\_\_\_

### **Where the applicant is an Organisation**

Please detail the name of the organisation and the address of the registered office or principal office of the organisation

**Name**

\_\_\_\_\_

**Address**

\_\_\_\_\_

**Tel No** \_\_\_\_\_

## Qualifications and Experience

**Please provide details of professional or technical qualifications and experience of carrying on an establishment or agency (so far as such qualifications and experience are relevant to providing services for persons to whom services are to be provided)**

Qualifications	Grade	Where Obtained	Result and Date Obtained

Professional Training

**Please provide details of professional training relevant to carrying on or managing an establishment or agency**

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Employment History

Please provide full details of employment history including the name and address of present and any previous employers. Please provide an explanation for any gaps in employment

Employer	Grade/Position	Please give a brief outline of your duties and state also reasons for leaving	Dates	
			From	To

### Employment History (continued)

Employer	Grade/Position	Please give a brief outline of your duties and state also reasons for leaving	Dates	
			From	To



**Information about the establishment or agency**

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

\_\_\_\_\_

**Tel. Number** \_\_\_\_\_

**Fax. Number** \_\_\_\_\_

**E-mail** \_\_\_\_\_

Type of service registering for (please tick relevant box):-

Nursing Home

Residential Home

Domiciliary Care Agency

Day Care Setting

Adult Placement Agency

Residential Family Centre

Children's Home

Nursing Agency

***Declaration of person seeking registration as responsible person  
in respect of an Establishment or Agency***

I certify that the information given in this Application for registration is to the best of my knowledge and belief correct and complete.

I have knowledge and understanding of my legal responsibilities in relation to registering an establishment/agency.

I intend to manage the establishment/agency in accordance with legislative requirements, DHSSPS Minimum Standards and other standards set by professional bodies and standard setting organisations.

I intend to undertake up-date training to ensure I have the necessary knowledge and skills to run the establishment/agency.

I will maintain registration with the relevant professional regulatory body (e.g. NISCC, NMC, BMC etc) and adhere to the relevant Codes of Professional Conduct.

Name (BLOCK) \_\_\_\_\_

Signed \_\_\_\_\_

Date \_\_\_\_\_

## **SECTION 2**

**This section relates to the “fitness” of the responsible person to carry on an establishment or agency and must be completed in respect of each responsible person**

### **Information About and Consent to the Access NI Check**

It is the policy of the Authority to request that a check is carried out in respect of each responsible person as to their “fitness” to work with children and vulnerable adults. The check will inform the Authority whether you have a criminal record or whether the DHSSPS holds any other information about you which might have a bearing on your suitability for registration.

Refusal to allow checks to be carried out may prevent further consideration of your application.

**Any information that we receive about you will be treated confidentially.**

By virtue of the provisions of **The Rehabilitation of Offenders (Northern Ireland) Order 1978** and **The Rehabilitation of Offenders (Exceptions) Order (Northern Ireland) 1979** you are required to provide information about convictions, cautions and bind-over orders which would otherwise be considered as “spent” under the provisions of the 1978 Order. You are also required to disclose information as to whether you are currently the subject of police investigation or court proceedings which may result in you receiving a conviction, caution or bind-over order.

### **Consent and Declaration of Accuracy**

You **must** include **all** offences, even minor matters such as motoring offences and “spent” convictions, i.e. things which happened a long time ago. If you leave anything out, it may affect your application. The disclosure of a criminal record or other information will not debar you from registration unless the Authority considers that the conviction renders you unsuitable. In making this decision, the Authority will consider the nature of the offence,



## **Verification of Medical Fitness to be Registered to Carry On an Establishment or Agency**

**This document should be completed in respect of each responsible person seeking registration to carry on or manage an establishment or agency as defined under** The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003

**Name of Responsible person:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

Statement as to the physical and mental health of the responsible person

**I the undersigned have no concerns about the physical and mental health of the responsible person (full name)** \_\_\_\_\_

**In respect of his/her ability to carry on or manage an establishment or agency as defined under the said Order.**

**Signed:** \_\_\_\_\_

(Doctor's Signature)

**Doctor's Name: (please print)** \_\_\_\_\_

**Name of Practice:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Date:** \_\_\_\_\_

**Official Practice Stamp**

## SECTION 3

The following documentation must be supplied with the Application for Registration as Responsible Person of an Establishment or Agency

- 1. Proof of the responsible person's identity, e.g. passport, birth certificate, evidence of change in name i.e. marriage certificate**
2. An original birth certificate
3. Passport sized photograph (will be retained by the Authority)
4. Documentary evidence (photocopy) of any relevant professional or technical qualifications in so far as qualifications are relevant to providing services for persons for whom the services are to be provided at the establishment or agency
5. Documentary evidence (photocopy) of registration with an appropriate professional regulatory body (where applicable)
6. Where the responsible person is unable to obtain a report from a medical practitioner (see Section 2 of this application), a statement by the responsible person as to the state of his physical and mental health

**NB: Original documentation will be returned by registered post to the responsible person.**

## SECTION 4

Documentation normally submitted for registration of an establishment or agency

The following information is normally submitted to this Authority when an applicant applies to register an establishment or agency. During the initial phase of registration of new services, submission of this information is not required.

However, the documentation must be available within the establishment or agency at the time of application and subsequently held available at all times for inspection by a duly authorised person.

Schedule 1: Parts I, II and III of The Regulation and Improvement Authority (Registration) Regulations (Northern Ireland) 2005

Paragraph 4

Every applicant (other than where the applicant is an officer of a Health and Social Services Board or HSS Trust)

- a reference from a bank expressing an opinion as to the applicant's financial standing
- a statement as to whether the responsible person has been adjudged bankrupt, or sequestration of his estate has been ordered, or he has made a composition or arrangement with, or granted a trust deed for, his creditors
- a statement as to the applicant's ability to ensure the financial viability of the establishment or agency for the purpose of achieving the aims and objectives of the establishment or agency set out in its statement of purpose
- a business plan in respect of the establishment or agency

- details as to cash-flow in respect of the establishment or agency

## Paragraph 7

### Statement of Purpose

A written statement of purpose in respect of the establishment or agency (refer to guidance on “statement of purpose” as set out within Schedule 1 of the following (as appropriate)

- The Nursing Homes Regulations (NI) 2005
- The Residential Care Homes Regulations (NI) 2005
- The Children's Homes Regulations (NI) 2005
- The Nursing Agencies Regulations (NI) 2005
- The Domiciliary Care Agencies Regulations (Northern Ireland) 2007
- The Day Care Setting Regulations (Northern Ireland) 2007
- The Residential Family Centre (Northern Ireland) 2007
- The Adult Placement Agencies Regulations (Northern Ireland) 2007

## Paragraph 8

### Statement of Accommodation, Facilities and Services

A written statement as to the accommodation, facilities and services which are to be provided by the establishment or agency including the extent and, where appropriate, location of such accommodation, facilities and services

## Paragraph 10

### Scale of Charges

Details of the scale of charges payable by service users

## Paragraph 11

### Premises to be used by an Establishment

A written statement in respect of the premises to be used by an establishment including

- a description of the premises, including a statement as to whether the premises are purpose-built or have been converted for use as an establishment
- a description of the area in which the premises are located

#### Paragraph 12

##### **Premises to be used by an Establishment or for the purposes of an Agency**

A written statement as to whether at the date the application is made the premises are capable of being used for the purpose of

- achieving the aims and objectives set out in the statement of purpose of the establishment or agency
- providing facilities and services in accordance with the statement of accommodation, facilities and services referred to above

(without the need for planning permission, building works, or conversion of the premises and, if the premises are not capable of such use at the date the application is made, details of the planning permission, building works or conversion needed)

#### Paragraph 13

##### Security Arrangements

A written statement of the security arrangements including arrangements for the purposes of

- safeguarding access to information held by the establishment or agency
- restricting access from adjacent premises or, when the premises form part of a building, from other parts of the building

#### Paragraph 16

##### Information about Staff

In respect of any person, other than the applicant, who works at, or is intended to work at the establishment or agency, details of

- the person's name, sex and date of birth
- the person's duties and responsibilities in relation to his work

## Paragraph 17

### Further Information about Staff

In respect of any person, other than the applicant, who works at, or is intended to work at the establishment or for the purposes of the agency

- whether the person is, or is intended to be, resident in the premises used as the establishment or for the purposes of the agency
- if he is a relative of any person who has made an application in respect of the establishment or agency, his relationship to such person
- whether the person works or is intended to work, on a full-time basis or on a part-time basis, the number of hours per week for which it is intended that the person will work
- the date on which the person commenced, or is intended to commence, working at the establishment or for the purposes of the agency
- information as to the person's qualifications, experience and skills in so far as is relevant to the work that he person is to perform
- a statement by the applicant that he is satisfied as to the authenticity of the qualifications, and has verified the experience and skills that are referred to in the subparagraph above
- a statement as to
  - the suitability of the person's qualifications for the work that the person is to perform
  - whether the person has the skills necessary for such work
  - the person's fitness for work, and have regular contact, with service users
- a statement by the person as to the state of his physical and mental health
- a statement by the applicant that the person is physically and mentally fit for the purposes of the work which he is to perform
- a statement by the applicant as to whether he is satisfied as to the person's identity , the means by which he so satisfied himself and whether he has obtained a copy of the person's birth certificate
- confirmation by the applicant that he has a recent photograph of the person

- a statement by the applicant that he has obtained two references relating to the person and that he is satisfied as to the authenticity of these references
- details of any criminal offences of which the person has been convicted, including details of any convictions which are spent within the meaning of **The Rehabilitation of Offenders (Northern Ireland) Order 1978** and which may be disclosed by virtue of **The Rehabilitation of Offenders (Exceptions) Order (Northern Ireland) 1979**, and, in relation to each such offence, a statement by the person as to
  - whether in his view the offence is relevant to his suitability to care for, train, supervise or be in ole charge and, if so
  - why he considers that he is suitable to perform the work in which he is to be employed
- details of any criminal offences in respect of which he has been cautioned by a constable and which, at the time the caution was given, he admitted

Information as to Staff engaged after Application is made

**Where the applicant applies for registration as a person who carries on an establishment or agency, and before the application is determined, engages a person to work at the establishment or for the purposes of an agency, he shall, in respect of each person so engaged obtain the information at Paragraphs 16 and 17 above. He shall also, in respect of each person so engaged, obtain the documents listed in Schedule 2 Paragraph 10 of The Regulation and Improvement Authority (Registration) Regulations (Northern Ireland) 2005 (except where any certificate or information on any matters referred to below is not available to an individual because any provision of The Police Act 1997 has not been brought into force) and shall make the said documents available to The HPSS Regulation and Improvement Authority if so requested**

### ***Annual Reports and Finances***

Where the applicant is a corporate body, a copy of each of its last two annual reports

Where the application is a subsidiary of a holding company, the name and address of the registered or principal office and the last two annual reports (if any) of the holding company and of any other subsidiary of that holding company

The last annual accounts (if any) of the establishment or agency

Except where the applicant is a HSS Board or HSS Trust, a reference from a bank expressing an opinion as to the applicant's financial standing