



# **Registration as a Manager of a Registered Establishment or Agency**

## **Guidance Notes for the Completion of the Application Process**

## **A. Introduction to the Registration Process**

**This Guidance Note and all other information associated with this application are available on request and in alternative formats such as Braille, audio cassette, large print and disc.**

These guidance notes should assist you to complete your Application for Registration as a Manager of an establishment or agency.

Please read the notes carefully before completing the Application as failure to provide the correct information may result in a delay in the registration process.

The Application Form should be completed using block capitals and black ink or typescript. Please ensure all relevant areas are completed.

All of the information and documents requested as part of the registration process are in accordance with **The Regulation and Improvement Authority (Registration) Regulations (Northern Ireland) 2005, Regulation 3 (1) (3) Schedule 3.** (Please see Appendix 1 for the legislative framework.)

## **B. Completion of the Application Form**

**Section 1 - Applicants Details** Please enter your full name (not just initials) date of birth, address and day and evening telephone numbers. If you have access to electronic mail and consider this to be a suitable means of communication with respect to this application please provide your e mail address.

**Section 2 - Qualifications** You are only required to provide details of professional, technical or vocational qualifications that are relevant to the position for which you seek registration. The dates that qualifications were obtained and the awarding body should also be included. (Please remember to include original certificates of relevant qualifications with your application.)

**Section 2a - Professional Regulatory Body** If you are registered with a Professional Regulatory Body (For example NMC / NISCC) please enter the name of the body, the Personal Identification Number (PIN) and date of expiry. Please note that the Regulation and Quality Improvement Authority (RQIA) will verify the status of your membership as part of the registration process.

**Section 3 - Experience** Please provide the name and address of your present and any previous employers. It is also important that you give an outline of the duties of each post held by you, particularly where the experience is relevant to this application for registration. If necessary, you may use a continuation sheet to provide this information. Employment gaps should be explained to avoid a delay in the registration process.

**Section 3a - Other Relevant Experience/Training** You should also include any other experience or skills, which you consider relevant to this application. Details of any professional training relevant to managing an establishment or agency should also be included. All information provided by you will be considered by the RQIA when reaching a decision with respect to your application for registration.

**Section 3b - Other Business Details** Details of any business currently or previously carried on or managed by you must be provided.

**Section 4 - References** Please provide the names and addresses of two persons who are willing to provide a reference for you and who meet the following criteria:

- (a) are not related to you
- (b) are able to provide a reference as to your competence to manage a registered establishment or agency
- (c) at least one of whom has employed you for at least 3 months

If the requirement at point (c) is impracticable an alternative should be provided and the reason clearly stated on the Application Form.

**Section 5 - Information about the Establishment or Agency** As this application for registration relates to an establishment or agency it is important that you complete the information requested with respect to the establishment or agency accurately.

**Section 6 - Medical Fitness** You should request your General Practitioner to sign section 6 of the Application Form, as to your physical and mental fitness. If you are unable to provide a signed report from your General Practitioner then you should complete the self declaration at section 6a.

**Section 7 - Criminal Records Disclosure** By virtue of the provisions of **The Rehabilitation of Offenders (Exceptions) Order (NI) 1979**, the RQIA require information about any spent and unspent convictions and cautions and any ongoing police investigation or court proceedings which may result in you receiving a conviction, caution or bind-over order.

Please answer all of the questions in section seven by placing a tick in the appropriate box. Where indicated details should be provided in the shaded space below each question.

**The Regulation and Improvement Authority (Registration) Regulations (Northern Ireland) 2005**, Regulation 3(3) Schedule 3, Para 12 requires an Enhanced Criminal Record Certificate to be disclosed as part of your application for the position of Registered Manager. The application for this Disclosure must be countersigned by the RQIA.

It is important that you are aware that an **Enhanced Disclosure** will reveal details of spent and unspent convictions and cautions. It will also contain any

other relevant information about you, which is held in police records or by other law enforcement agencies.

It should be noted that disclosure of a criminal record or other information will not debar you from the position of Registered Manager unless the RQIA considers the information disclosed to render you unsuitable. In reaching this decision the RQIA will consider whether the matter revealed is relevant to the position of Registered Manager, the seriousness of the matter, the length of time since it occurred and any other factors which may be relevant.

An Enhanced Disclosure will be obtained by making application to AccessNI using the enclosed Disclosure Application Form. The RQIA cannot make an Application for an Enhanced Disclosure without your consent. It is important therefore that if you wish this application for registration to proceed that you complete the Disclosure Application Form.

***Section D of this guidance note explains the steps for completing the Disclosure Application***

**Section 8 - Declaration** On completion of the Application Form you must read and sign the declaration at section 8.

#### **Section 9 - Declaration by Registered Person**

Please ensure this is signed before Application form is returned to RQIA.

### **C. Documents to be enclosed with your Application**

**1. Certificates of Qualifications** or other suitable evidence relating to your professional, technical or vocational qualifications that are relevant to the position of Registered Manager should be enclosed. Original certificates will be returned to you by Registered Post.

**2. Identity Documents** The registration regulations require the following two items –

- One passport sized photograph, which must be recent, and a true likeness of you. Please sign and date the photograph. (*RQIA will retain*)
- Original Birth Certificate (*RQIA will retain a copy of the Birth Certificate and return the original to you*)

**3.** The identification documents required by AccessNI are listed on page 28 of the AccessNI Disclosure Application. It is important that you enclose the relevant documents as failure to do so will delay the registration process. It is preferred that at least one of these documents contains photographic identification.

#### **4. Registration Fee**

The appropriate registration fee must be enclosed with your application. Cheques/Postal orders should be made payable to the Regulation and Quality Improvement Authority. Processing of your application will not commence until

the registration fee has been received. A schedule of fees is attached to this Guidance Note as Appendix 2.

**Application Checklist** Please check that you have provided all of the relevant information against the Application Checklist and return your completed application marked **Private and Confidential** to:

The Registration Team  
The Regulation and Quality Improvement Authority  
9th Floor  
Riverside Tower  
5 Lanyon Place  
Belfast  
BT1 3BT

#### **D. Completion of the AccessNI Disclosure Application**

**Step 1.** Please complete sections B, C and F of the AccessNI Disclosure Application Form and return to the RQIA with your completed Registration of a Manager Application and original identity documents. Please pay attention to the AccessNI Guidance notes when completing the form.

**Step 2.** Please ensure that you have enclosed a cheque payable to AccessNI with your application form in the envelope provided. The RQIA will verify your identity, counter sign the Application Form and forward all required documentation and the payment directly to AccessNI. AccessNI will not process the application unless payment has been received together with the application form.

**Step 3.** AccessNI will issue two copies of the Disclosure Certificate one will be forwarded directly to you and the second will be issued to the Authorised Signatory within the RQIA.

**Step 4.** Any matters disclosed on the certificate which may cause a delay or possibly prevent your application from proceeding will be discussed with you in confidence by an authorised person(s) from the RQIA.

If you dispute any of the information disclosed about you, please contact the Registration Manager at the RQIA. The RQIA will write to AccessNI with the details of any discrepancy you raise. Disputes must be raised with AccessNI within three months from the date of issue of the Disclosure Certificate.

The RQIA will comply with the AccessNI Code of Practice with respect to the handling, storage, usage, retention and disposal of any information we receive about you, as a result of an application for an Enhanced Criminal Disclosure Certificate.

The RQIA in carrying out its function has a duty of confidence in relation to the handling of information. Should you have any queries in regard to the need for, use, sharing or disposal of your information please contact the RQIA Information Manager.

## Legislative Framework

A person seeking to be registered under part III of the **The Health and Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003** shall make an application to the Regulation and Quality Improvement Authority.

**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 manager 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 applicant 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 Regulation and Improvement Authority (Registration) Regulations (Northern Ireland) 2005** define the registration process, which the RQIA must follow.

**Other relevant legislation which governs the registration process:**

**The Rehabilitation of Offenders (Exceptions) (Northern Ireland) Order 1979**

**The Protection of Children and Vulnerable Adults (Northern Ireland) Order 2003**

**Schedule of Charges for Registration of a Manager in Accordance with The Regulation and Quality Improvement Authority (Fees and Frequency of Inspection) Regulations (Northern Ireland 2005) and The Regulation and Improvement Authority (Fees and Frequency of Inspections )(Amendment) Regulations (Northern Ireland) 2007**

<b>Body</b>	<b>Size/Criterion</b>	<b>Fee Required</b>
Adult Placement Agency	N/A	Nil
Children's Homes	N/A	£261
Day Care Setting	N/A	Nil
Domiciliary Care Agency	N/A	Nil
Independent Clinic	N/A	£261
Independent Hospital	N/A	£261
Independent Medical Agency	N/A	£261
Nursing Agency (Large)	3 staff or more (excluding reception)	£30
Nursing Agency (Small)	2 staff or less (including registered person but excluding reception staff)	Nil
Nursing Home (Large)	4 places or more	£261
Nursing Home (Small)	3 places or less	Nil
Residential Care Home (Large)	4 places or more	£261
Residential Care Home (Small)	3 places or less	Nil
Residential Family Centre	N/A	Nil



The **Regulation** and  
**Quality Improvement**  
Authority

For office use only Registration Ref:	
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**Application for Registration**  
**as a Manager**  
**of an**  
**Establishment or Agency**

## 1. APPLICANT'S DETAILS

Full Name

Date of Birth

Address

Postcode

Telephone Number  
(with STD code)

Preferred Contact  
Number

Email Address

## 2. QUALIFICATIONS

Professional/Vocational or Technical Qualifications	Awarding Body	Date(s) Obtained

**2a. Registration with Professional Regulatory Body**

Name of Professional Regulatory Body

Registration/PIN (were applicable)

Date of Expiry

**3. EXPERIENCE**

This should include present employment and also detail experience of managing an establishment or agency.

Job Title	Employer and Address	Outline of Main Duties	Dates of Employment and Reason for Leaving

### Experience Continued

Job Title	Employer and Address	Outline of Main Duties	Dates of Employment and Reason for Leaving

### 3a. Other Relevant Experience/Training

Detail any other experience/skills or training which you believe are relevant to this application.

### 3b. Other Business Details

Please provide details of any business currently or previously carried on or managed by the applicant.

#### 4. REFERENCES

Give names and addresses of two people willing to supply references. (See guidance note for suitable referees).

	Referee 1	Referee 2
Name		
Address		
Postcode		
Telephone Number		
Occupation		

#### 5. INFORMATION ABOUT THE ESTABLISHMENT OR AGENCY

RQIA ID (if Registered)

Category

Name of Establishment or Agency

Address

Postcode

Telephone Number

Fax Number

E-mail Address

**6. MEDICAL FITNESS TO BE REGISTERED TO MANAGE AN ESTABLISHMENT OR AGENCY**

Name of Applicant

Address

Name of Establishment or Agency

**Statement as to the physical and mental health of the applicant**

I, the undersigned, confirm that (enter applicant's full name) \_\_\_\_\_, is physically and mentally fit in respect of his/her ability to manage the above named establishment/agency.

Signed \_\_\_\_\_ (General Practitioner)

General Practitioner

Name of Practice

Address of Practice

Date

Official Practice Stamp

## 6a. Statement of Medical Fitness

I declare that I am of the opinion that I am physically and mentally fit to manage the establishment or agency for which I make application.

Signature of  
Applicant

Date

## 7. REHABILITATION OF OFFENDERS (EXCEPTIONS) ORDER (NI) 1979

Under the Rehabilitation of Offenders (Exceptions) Order (NI) 1979, you are required to provide information about convictions, cautions and bind-over orders which would otherwise be considered as spent. You are also required to disclose information of any outstanding prosecutions or pending court action against you.

Include all offences, even minor matters such as motoring offences.

Have you ever been convicted of a criminal offence?

Yes  No

If yes, please give details

Are you aware of any prosecutions outstanding or any pending court action against you?

Yes  No

If yes, please give details

Are you currently subject to any criminal investigation?

Yes  No

If yes, please give details

I understand that an AccessNI Disclosure Check must be completed before my application for registration can be confirmed. I am aware that spent convictions may be disclosed. I declare that the information I have given is accurate and I consent to the check being made.

Signed \_\_\_\_\_ Date \_\_\_\_\_

(Please complete and return the enclosed AccessNI Disclosure Form to the Regulation and Quality Improvement Authority with your Application for Registration.)

**8. DECLARATION OF PERSON SEEKING REGISTRATION AS MANAGER 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 managing 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 manage the establishment/agency.

I will maintain registration with the relevant professional regulatory body and adhere to the relevant Codes of Professional Conduct.

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

Signed \_\_\_\_\_

Date \_\_\_\_\_

**9. CONFIRMATION BY REGISTERED PERSON OF APPOINTMENT OF THE ABOVE INDIVIDUAL AS MANAGER IN RESPECT OF THE NAMED ESTABLISHMENT OR AGENCY**

I hereby confirm that I wish for the individual to be Registered with RQIA as outlined on this application form.

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

Signed \_\_\_\_\_

Date \_\_\_\_\_

## APPLICATION CHECKLIST

The applicant should ensure that all of the following are included:

1. Completed Registration of Manager Form
2. Appropriate fee paid
3. Completed Access NI Disclosure Form
4. Cheque payable to AccessNI
5. Photograph
6. Birth Certificate
7. Valid identification documents (3 or 5)
8. Documentary evidence of qualifications (if required)
9. Statement of medical fitness

Please return your completed application marked **Private and Confidential** in the envelope provided to:

The Registration Team  
The Regulation and Quality Improvement Authority  
9th Floor  
Riverside Tower  
5 Lanyon Place  
Belfast  
BT1 3BT