

How to complete an application for manager registration (applicant guidance)

1. In order to complete a manager application through the web portal, you will need your own unique login details and permissions to access the Changes to Registration forms. Your registered provider will be able to set you up as a delegated user and provide you with your username and password (please refer them to the guidance document entitled How to make a Manager Application – Provider Guidance).

NB. Before commencing work on your manager application, please ensure that you meet the requirements for a registered manager as per the legislation and minimum standards relevant to your service type (which can be accessed on the RQIA website – see the hyperlink below):

[Legislation and Standards | Regulation and Quality Improvement Authority](#)

2. When you have completed your login, please access the Changes to Registration menu on the left-hand side of your homepage:

A Tester 8 ML - Last Login - 22/09/2026 15:15:07 - [Logout](#)

Home
Notifications
Changes to registration
Variation
Notification of absence
Application cancellation
Registration of new manager for existing service
Change to responsible individual for an existing organisation
Addition of a partner to an existing partnership
Return of Registered Manager
Registration of a new service
Post inspection evaluations
Report & QIP
Document Store
Permissions

RQIA Portal Version 1.0.1.82

Changes to Registration

To request a change / changes to your service registration an application form must be submitted to RQIA.

To begin this process, please select the application form from the menu on the left. Guidance is provided within each form.

General guidance about registration is available as a frequently asked questions document, which can be accessed [here](#)

This section only applies to services that are already registered and wish to apply for a change in their registration details. You should not access these forms if your service remains at the pre-registration stage. The relevant application forms for a new service registration can be accessed [here](#).

Please note that incomplete applications listed under your Applications to be Submitted / Resubmitted section will include previously inputted and saved information, and these applications can be updated and submitted at a later date.

Applications to be Submitted/Resubmitted

Update	Remove	Print
--------	--------	-------

Service/Provider	Application Type	Status	Further Details
☒ Sef Test service 1 (021217)	PF011482 F01 - Registration of new manager for service	Incomplete	
☐ Sef Test service 1 (021217)	PF011481 F01 - Registration of new manager for service	Incomplete	

3. Please note that all un-submitted and rejected applications on your account will be listed under the Applications to be Submitted / Resubmitted view. The buttons in this section allow you to Update, Remove, or Print these forms. If you have exited or been timed out of a form, please select and Update the existing application rather than commencing a new form. **NB. Please note that selecting a form and clicking Remove will permanently delete the record from the system. This action cannot be undone.**

Applications to be Submitted/Resubmitted

Update

Remove

Print

Service/Provider	Application Type	Status	Further Details
☒ Sef Test service 1 (021217)	PF011482 F01 - Registration of new manager for service	Incomplete	
☐ Sef Test service 1 (021217)	PF011481 F01 - Registration of new manager for service	Incomplete	

4. Depending on your assigned permissions, the Changes to registration menu may present you with a number of options relating to different application forms. Please select 'Registration of new manager for existing service':

Changes to registration

Variation

Notification of absence

Application cancellation

Registration of new manager for existing service

Change to responsible individual for an existing organisation

Addition of a partner to an existing partnership

Return of Registered Manager

Registration of a new service

Post inspection evaluations

To request a change / changes to your service registration an application form must be submitted to RQIA.

To begin this process, please select the application form from the menu on the left. Guidance is provided within each form.

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Applications to be Submitted/Resubmitted

Update

Remove

Print

5. This will open a new F01 manager application form. Select the service you are applying in respect of from the dropdown list beside the 'Name of the Establishment / Agency' field:

Registration of a new manager for an existing service (F01)

Steps: **1** 2 3 4 5 6 7 8 9 10 11 12

1. Information about the Establishment/Agency

[\(Click here to view guidance documentation\)](#)

Name of the Establishment/Agency: *	-- Please Select --
RQIA ID:	-- Please Select --
	Sysco Test Service 3 (021205)
Address Line 1:	
Address Line 2:	
Town:	
Postcode:	
Business Email:	
Telephone:	
Fax:	

Close

Save and Next

6. When the service is selected, the greyed out fields below the establishment/agency name (relating to the service address and contact information) will be automatically populated. Click 'Save and Next' to progress to Page 2:

Registration of a new manager for an existing service (F01)

Steps: 1 2 3 4 5 6 7 8 9 10 11 12

1. Information about the Establishment/Agency

(Click here to view guidance documentation)

Name of the Establishment/Agency: *

Sysco Test Service 3 (021205) ▼

RQIA ID:

021205

Address Line 1:

123 Test Street

Address Line 2:

Town:

Testville

Postcode:

BT1

Business Email:

Telephone:

Fax:

Close

Save and Next

7. The next page relates to your details as the applicant. Your name and DOB will already be recorded on our system and so will be automatically populated within the greyed out fields. If you need to change any of your personal details you can do so by returning to the main menu and selecting 'Home' and 'Contact details'. This page will ask you to input your home address details and confirm your right to work in the UK before proceeding. Please complete the mandatory fields (marked with a red asterisk) and press 'Save and Next' to continue.

[\(Click here to view guidance documentation\)](#)

The manager's name forms part of RQIA's register of establishments and agencies. If you need to update these details please contact RQIA's Registration Team, registration@rqia.org.uk

The Manager's telephone and email address shown below are linked to this Web Portal account. These details can be updated from the main menu.

Title:	Mr
First Name:	A
Middle Names (if any):	
Surname:	Tester
Date of Birth:	18/02/1983
Address Line 1: *	123 Test Street
Address Line 2:	
Town: *	Testville
Postcode:	BTXX XXXX
Telephone:	
Mobile/Preferred number:	
Right to work in the UK without restrictions: *	Yes

If not, provide details of your current status of work/employment visa:

8. Page 3 allows you to input your qualifications. Please ensure you have referred to the relevant minimum standards for your service type as these will list the requirements for registered manager. In order to input a qualification, click 'Add':

Steps: 1 2 3 4 5 6 7 8 9 10 11 12

3. Qualifications

[\(Click here to view guidance documentation\)](#)

Please refer to guidance document for an outline of required qualifications

Add

Remove

No Qualifications Found...

3.1 Transitional Arrangements

DHSSPS Minimum Standards for Residential Care Homes, Domiciliary Care Agencies and Day Care Settings detail the transitional arrangements for existing managers who do not hold an appropriate qualification or registration as the time of the original date of publication of the standards. If transitional arrangements apply to you, please detail below:

Close

Previous

Save and Next

9. This will open a new window. Please input your qualification title, awarding body and the date you obtained said qualification before clicking 'Submit':

Time remaining: 59:18

Add Qualification

**Professional/Vocational
or Technical
Qualifications: ***

Social Work Degree

Awarding Body:

QUB

Date Obtained:

01/04/2019

Cancel

Submit

10. Once you have returned to Page 3, you will see the submitted qualification appearing. You may either add additional qualifications to the list or remove any which have been inputted erroneously. If you wish to apply under the transitional arrangements* listed within the minimum standards, please complete Section 3.1. If not, please skip and click 'Save and Next' to continue:

3. Qualifications

[\(Click here to view guidance documentation\)](#)

Please refer to guidance document for an outline of required qualifications

Add	Remove	
Professional/Vocational or Technical Qualifications	Awarding Body	Date Obtained
☐ Social Work Degree	QUB	01/04/2019

3.1 Transitional Arrangements

DHSSPS Minimum Standards for Residential Care Homes, Domiciliary Care Agencies and Day Care Settings detail the transitional arrangements for existing managers who do not hold an appropriate qualification or registration as the time of the original date of publication of the standards. If transitional arrangements apply to you, please detail below:

Close

Previous

Save and Next

*Please refer to the minimum standards relevant to your service type to confirm whether transitional arrangements apply - <https://www.rqia.org.uk/guidance/standards/>

11. Page 4 asks for details of your Professional Body registration. If applicable, please click 'Add' to open a new window:

Time remaining: 56:17

Registration of a new manager for an existing service (F01)

Steps: 1 2 3 4 5 6 7 8 9 10 11 12

4. Details of Registration with Professional Body

(Click here to view guidance documentation)

Add

Remove

No Professional Body Registrations Found...

Close

Previous

Save and Next

12. Please input the name or initials of your professional body (e.g. NISCC, NMC, GDC etc.), your Registration PIN number and the date your registration is due to expire. Click 'Submit' to proceed.

Time remaining: 58:37

Add Professional Body Registration

**Name of Professional
Regulatory Body: ***

NISCC

**Registration/PIN (where
applicable):**

123456

Date of Expiry:

01/04/2020

Cancel

Submit

13. Back on Page 4, you can either add additional registrations or remove an incorrect entry. Once you are ready to proceed, click 'Save and Next':

Time remaining: 59:43

Registration of a new manager for an existing service (F01)

Steps: 1 2 3 4 5 6 7 8 9 10 11 12

4. Details of Registration with Professional Body

(Click here to view guidance documentation)

AddRemove

Name of Professional Regulatory Body	Registration/PIN	Date of Expiry
☐ NISCC	123456	01/04/2020

ClosePreviousSave and Next

14. Page 5 relates to your Experience. You should include your full employment history (from first paid employment) within this section and account for any gaps in employment. Click 'Add' to create a new employment record:

Time remaining: 59:57

Registration of a new manager for an existing service (F01)

Steps: 1 2 3 4 5 6 7 8 9 10 11 12

5. Experience

(Click here to view guidance documentation)

Please provide explanation for gaps in employment

AddRemove

No Employment Records Found...

ClosePreviousSave and Next

15. Please complete the mandatory fields within the employment window (job title / grade, name and address of employer, outline of main duties, employment start date). The employment end date and reason for leaving fields are not required for your current position (assuming you are still in post) but should be inputted for previous posts. When all the relevant information is inputted please click 'Submit' to continue.

Time remaining: 56:22

Add Employment

Please note that you will not be able to edit the details of a period of employment after you select the 'Submit' button. You should therefore check and review the details carefully before submitting the record. However, you retain the ability to remove a period of employment and add a new period of employment within the 'Experience' page of your application.

Job Title/Grade: * Care Manager

Name and Address of Employer: * Health Trust, Main Street, Belfast

Outline of Main Duties: * Management of care for service users

Employment Start Date: * 01/04/2010

Employment End Date: 31/03/2018

Reason for Leaving: To take up new position ×

Cancel

Submit

16. You will need to create and submit as many employment records as required to complete your full employment history. You can 'Add' and 'Remove' employment records as required. Once you have completed this task, click 'Save and Next' to continue:

Time remaining: 59:56

Registration of a new manager for an existing service (F01)

Steps: 1 2 3 4 5 6 7 8 9 10 11 12

5. Experience

[\(Click here to view guidance documentation\)](#)

Please provide explanation for gaps in employment

AddRemove

Job Title/ Grade	Name and Address of Employer	Start Date	End Date	Reason for Leaving
☐ Administrator	The Office, High Street, New Town	01/04/2005	31/03/2010	
☐ Care Manager	Health Trust, Main Street, Belfast	01/04/2010	31/03/2018	To take up new position
☐ Director	Health Trust, Main Street, Belfast	01/04/2018		

Close

Previous

Save and Next

17. Page 6 allows you to input any other experience or training relevant to your application. If applicable, complete this field and then click ‘Save and Next’ to continue:

Time remaining: 59:51

Registration of a new manager for an existing service (F01)

Steps: 1 2 3 4 5 6 7 8 9 10 11 12

6. Other Relevant Experience or Training

(Click here to view guidance documentation)

Please provide details of any other experience/skills or training which you believe are relevant to this application

Mandatory training completed

Close

Previous

Save and Next

15

18. Page 7 asks you to state any other business interests. If applicable, please type the relevant details into text box provided and click 'Save and Next' to proceed:

Time remaining: 59:35

Registration of a new manager for an existing service (F01)

Steps: 1 2 3 4 5 6 7 8 9 10 11 12

7. Other Business Interests

[\(Click here to view guidance documentation\)](#)

Please provide details of any business currently or previously carried on or managed by you

Close

Previous

Save and Next

19. You are required to provide the details of two referees who can comment on your competencies and experience to fulfil the role. Please input the contact details of both referees before proceeding. RQIA registration team will contact these persons to request written references in support of your application.

[\(Click here to view guidance documentation\)](#)

Please ensure that the named referees are suitable and qualified to provide a reference for you. Refer to guidance document for further details

Referee 1

Title: *	Mr
First Name: *	John
Surname: *	Smith
Address Line 1: *	123 High Street
Address Line 2:	
Town: *	New Town
Postcode: *	BT1
Telephone (no spaces):	07777777777
Email: *	test@testemail.com
Occupation:	
Capacity in which known: *	Line Manager

Referee 2

Title: * Ms ▼

First Name: * Jane

Surname: * Doe

Address Line 1: * 456 Main Street

Address Line 2:

Town: * Old Town

Postcode: * BT2

Telephone (no spaces):

Email: * test2@testemail.com

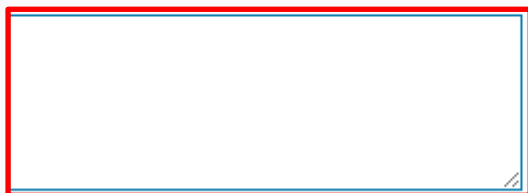
Occupation:

Capacity in which known: * Former Employer

Should you be unable to provide details of one referee who has employed you for a period of at least 3 months within the last 5 years please outline why it would be unreasonable for you to do so:

20. The standard requirement is for one of your referees to have employed you for a period of at least 3 months over the last 5 years. If you are unable to meet this requirement for any reason or you are self-employed, please complete the text box at the bottom of Page 7. When all your referee details are inputted, click 'Save and Next' to continue:

Should you be unable to provide details of one referee who has employed you for a period of at least 3 months within the last 5 years please outline why it would be unreasonable for you to do so:



Close

Previous

Save and Next

21. Page 9 relates to your Statement of Medical Fitness. You have two options in order to complete this requirement:

- a. Select 'Print Medical Fitness Form' to open a form in a new window. You can then print this form and bring it to your GP or Occupational Health department for their stamp or signature.

9. Assurance of Medical Fitness

[\(Click here to view guidance documentation\)](#)

The Assurance of Medical Fitness Statement must be completed by a Medical Practitioner.

[Print Medical Fitness Form](#)

Form Reference: PF011447

Assurance of Medical Fitness (to be completed by a Medical Practitioner)

**STATEMENT OF MEDICAL FITNESS BY MEDICAL PRACTITIONER CONFIRMING FITNESS
TO MANAGE THE SERVICE DETAILED BELOW**

Name of Establishment or Agency	Type of Establishment or Agency

Name of Applicant	
Date of Birth	
Address	

I, the undersigned, confirm that the above applicant is physically and mentally fit in respect of his/her ability to manage the above named establishment or agency

- b. If you are unable to obtain a signed medical fitness form, you have the option of providing a self-certification of your medical fitness to carry on the role. If you wish to take this option, please input the reason for making a self-cert within the text box at the bottom of the screen and tick the declaration below it:

If you are unable to obtain a Statement of Medical Fitness from a Medical Practitioner, please give a reason for being unable to do so below, and tick the declaration box.

☒

I declare that I am of the opinion that I am physically and mentally fit to carry on the establishment(s) and/or agency/ies for which I make this application

Close

Previous

Save and Next

22. Once you have completed your selected action, click on 'Save and Next' to continue.

23. Next, you will be asked to declare any criminal offences, pending prosecutions or criminal investigations you may be subject to. Please select either 'Yes' or 'No' in response to each of these three questions. If you have any information you wish to disclose, please type the details within the text boxes provided:

10. Rehabilitation of Offenders

[\(Click here to view guidance documentation\)](#)

Have you ever been convicted of a criminal offence:

No

If yes, please provide details:

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

No

If yes, please provide details:

Are you currently subject to any criminal

No

Are you currently subject to any criminal investigation?

If yes, please provide details:

Is there any reason why you cannot work in a regulated activity?

If yes, please provide details:

24. Once you have completed this page, click 'Save and Next' to continue.

25. Page 11 lists the supporting documents required in support of your application. Please note that all applicable supporting documents must be submitted electronically using the upload button. This should include clear scanned copies of your identification documents. The maximum file size permitted is 10MB

11. Documents to be supplied

[\(Click here to view guidance documentation\)](#)

Please note that the maximum permitted file size for upload is 10MB

Document to be returned	I am going to....	Upload Option	File uploaded
Statement of medical fitness	----- Please Select ----- ▼		X Required
Recent photograph (within last 3 months)	----- Please Select ----- ▼		X Required
Birth Certificate	----- Please Select ----- ▼		X Required
Documentary evidence of qualifications	----- Please Select ----- ▼		X Required
Evidence of professional indemnity insurance	----- Please Select ----- ▼		X Required
Registration fee payment	----- Please Select ----- ▼		X Required
Completed AccessNI disclosure application	----- Please Select ----- ▼		X Required
AccessNI Fee payment	----- Please Select ----- ▼		X Required
Valid Identification document 1 - Photographic ID	----- Please Select ----- ▼		X Required
Valid identification document 2 - Proof of Address	----- Please Select ----- ▼		X Required
Valid identification document 3	----- Please Select ----- ▼		X Required

- a. You should scan, save and upload these documents by selecting the 'Submit electronically using upload button' submission method. This will allow you to browse and select a file saved on your hard drive. Please select and 'Open' the relevant document to populate the file path and then click 'Upload Document' to complete the upload:

Documentary evidence of qualifications

Submit electronically using upload button ▼

Browse...

Upload Document

x Required



Documentary evidence of qualifications

Submit electronically using upload button ▼

C:\Users\mlync022 Browse...

Upload Document

x Required

26. The registration fee applicable will depend upon the service type you are applying to manage. Please refer to the [G01 guidance document](#) to see which fee is applicable (if any). All fees should be paid by BACS transfer made to the following account details - Sort Code 902127, Account No 88056622. Please include your name and/or the name of your service within the payment narrative.
- We also require a £32 payment in order to process your enhanced disclosure check. This amount will apply to all manager applications across all service types. Again, the payment should be made by BACS.

Once you select BACS payment from the dropdown menu, you will be prompted to upload evidence of the payment. Ideally this will be a screenshot of the BACS transfer or a remittance advice. Please follow the method of upload as shown below:

The image shows a sequence of three screenshots illustrating the file upload process for a BACS payment. The first screenshot shows a form with 'Registration fee payment' set to 'BACS payment' and an 'Upload Document' button. The second screenshot shows a file selection dialog with 'Test Document 2.docx' selected and the 'Open' button highlighted. The third screenshot shows the 'Upload Document' button with the filename 'Test Document 2.docx' displayed next to it.

27. All enhanced disclosure applications must be made through the AccessNI portal. The 'Documents to be supplied' page includes a hyperlink which takes you to the NI Direct page where you can submit your online enhanced disclosure application, and a second link to the list of accepted identification documents. You are required to submit a photographic ID (e.g. passport or driver's licence) and proof of address (e.g. utility bill) with your application, and have the option of submitting a third ID document (e.g. a marriage certificate), all of which should be uploaded electronically:

To make an online application for your AccessNI enhanced disclosure check, please access the AccessNI Web Portal [here](#). Please refer to the RQIA application guidance document for the required PIN number. Refer to the AccessNI Guidance Document for the list of acceptable identification documents [here](#). The registration team will then contact you to verify the documents by video call.

Valid Identification document 1 - Photographic ID	Submit electronically using upload button ▾	✓ Uploaded
Valid identification document 2 - Proof of Address	Submit electronically using upload button ▾	✓ Uploaded
Valid identification document 3	Not Applicable ▾	N/A

28. If you do not already have a NI Direct account you will need to create one. When your account is active, enter your login details and then select the option to make an enhanced disclosure check through a registered body. When you proceed through the web form, you will be asked to provide a PIN number. Please enter the following number – **497850**. You should follow the instructions on screen in order to complete your disclosure application. When you have completed and submitted your web form, please make a note of your case reference number.



My account

Do you have an nidirect account?

I have an account

* Indicates a required field

* Email address

* Password

Sign in

[I've forgotten my password](#)

[Manage my account details](#)

I need an account

Create account

29. You should now have selected dropdown options and/or uploaded files for all of your supporting documents. Please click 'Save and Next' to proceed:

Document to be returned	I am going to....	Upload Option	File uploaded
Statement of medical fitness	Submit electronically using upload button ▼		✓ Uploaded
Recent photograph (within last 3 months)	Submit electronically using upload button ▼		✓ Uploaded
Birth Certificate	Submit electronically using upload button ▼		✓ Uploaded
Documentary evidence of qualifications	Submit electronically using upload button ▼		✓ Uploaded
Evidence of professional indemnity insurance	Not Applicable ▼	N/A	
Registration fee payment	Not Applicable ▼	N/A	
Completed AccessNI disclosure application	Online application submitted ▼	N/A	
AccessNI Fee payment	BACS payment ▼		✓ Uploaded
Valid Identification document 1 - Photographic ID	Submit electronically using upload button ▼		✓ Uploaded
Valid identification document 2 - Proof of Address	Submit electronically using upload button ▼		✓ Uploaded
Valid identification document 3	Not Applicable ▼	N/A	

To make an online application for your AccessNI enhanced disclosure check, please access the AccessNI Web Portal [here](#). Please refer to the RQIA application guidance document for the required PIN number.

Refer to the AccessNI Guidance Document for the list of acceptable identification documents [here](#). The registration team will then contact you to verify the documents by video call.

Fee payments should be made by BACS transfer to the following account details (Sort Code 902127, Account No 88056622) and the accompanying narrative should include details which will identify your service (such as the establishment or agency name, RQIA ID number or invoice number).

Close
Previous
Save and Next

30. The final page allows you to complete your online submission. Initially, you should click on Open Declaration:

Registration of a new manager for an existing service (F01)

Steps: 1 2 3 4 5 6 7 8 9 10 11 12

12. Submit Application

Please print, sign and scan the declaration form and upload using the button below.
You must upload the declaration form before you can complete the submission of your web application.

Open Declaration

Document to be returned	I am going to....	Upload Option	File uploaded
Signature Declaration Page	Submit electronically using upload button	Choose FileNo file chosen Upload Scanned Declaration	X Required

By clicking Confirm and Submit, I confirm that all information entered is true and correct. I understand that once I click Confirm and Submit my application is locked and I cannot amend this information.

31. The declaration form should be printed, signed by the applicant and responsible person(s) for the service, and scanned:

Form Reference: PF011447

DECLARATION OF PERSON APPLYING TO BE REGISTERED AS
A MANAGER OF AN ESTABLISHMENT OR AGENCY

I understand that it is an offence to knowingly make a statement which is false or misleading in a material respect and hereby confirm that all information in respect of this application is, to the best of my knowledge and belief, correct and complete. I am aware that it is my responsibility to inform RQIA of any information that is relevant to my application, and to update this information accordingly.

I understand that an Enhanced Disclosure Check must be obtained before my application for registration can be confirmed. I am aware that spent convictions may be disclosed and I consent to the check being made.

I have knowledge and understanding of my legal responsibilities in relation to managing an establishment/agency and intend to do so in accordance with legislative requirements, Minimum Standards as issued by the Department of Health, Social Services and Public Safety Northern Ireland (DHSSPSNI) and other standards set by professional bodies and standard setting SpellEorganisations.

Should it be required, I intend to undertake up-date training to ensure I have the necessary knowledge and skills (including supervision and performance appraisal) to manage the establishment or agency. I will maintain registration with any relevant professional regulatory body and adhere to its Code of Professional Conduct.

Name (print)	Signature	Date

CONFIRMATION OF APPOINTMENT AS MANAGER

I hereby confirm that I have appointed/intend to appoint the above-named individual as manager of the named establishment/agency and wish for the individual to register with RQIA as outlined on this application form.

(Intended) Effective date of appointment:	
---	--

Responsible Person(s) or Responsible Individual:

	Name (print)	Signature	Date
(1)			
(2)			
(3)			

(4)			
(5)			
(6)			

32. Return to Page 12 and upload your scanned declaration form by following the steps below:

Please print, sign and scan the declaration form and upload using the button below.
You must upload the declaration form before you can complete the submission of your web application.

Open Declaration

Document to be returned	I am going to....	Upload Option	File uploaded
Signature Declaration Page	Submit electronically using upload button ▼	Choose File No file chosen Upload Scanned Declaration	X Required

By clicking Confirm and Submit, I confirm that all information entered is true and correct. I understand that once I click Confirm and Submit my application is locked and I cannot amend this information.

File name: C:_Deployment_RQIAPortal_Registration_PF0114471560802337.pdf

All files (*.*)

Upload from mobile

Open

Cancel

Document to be returned	I am going to....	Upload Option	File uploaded
Signature Declaration Page	Submit electronically using upload button ▼	Choose File C:_De...2337.pdf Upload Scanned Declaration	X Required

By clicking Confirm and Submit, I confirm that all information entered is true and correct. I understand that once I click Confirm and Submit my application is locked and I cannot amend this information.

33. Once the Declaration Form is successfully uploaded, click on Confirm and Submit to complete your submission. Please note that it will not be possible to make further changes after this point.

Document to be returned	I am going to....	Upload Option	File uploaded
Signature Declaration Page	Submit electronically using upload button ▼		✓ Uploaded

By clicking Confirm and Submit, I confirm that all information entered is true and correct. I understand that once I click Confirm and Submit my application is locked and I cannot amend this information.

Personal data submitted via RQIA's Web Portal may be accessed and used in accordance with RQIA's requirements as outlined in The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and associated regulations; in line with RQIA's registration and notification with the ICO under the Data Protection Act 1998; and in compliance with the Freedom of Information Act 2000. To comply with statutory and government requirements, data may be disclosed to external agencies, such as (but not exclusively): DHSSPS, NIAO, AccessNI, PSNI. RQIA will not disclose personal information to any third parties without the express consent of the data subject, except where required by law. From January 2005 personal data may, in exceptional circumstances where the public interest outweighs the individual's rights to privacy, be released under the auspices of the Freedom of Information Act 2000. Any queries concerning data protection or freedom of information should be addressed to RQIA's Head of Information. For further information, please visit <https://ico.org.uk/>

Confirm and Submit

34. You will receive the following message confirming the application has been submitted. You can then return to the menu by clicking on the button provided.

Registration of a new manager for an existing service (F01)

Steps: 1 2 3 4 5 6 7 8 9 10 11 12

Application Submitted

Thank you for the preparation of your application and for the submission. Once the digital application form has been submitted the Registration Team will check to ensure:

- the correct supporting documentation has been submitted
- all supporting material is clear and legible
- payments have been received and are correct
- all mandatory fields have been appropriately completed

Should errors or omissions be found the Registration Team will reject the application and advise the applicant of corrective action

Only when a full and complete application been received will the Registration Team commence the Registration Process

35. You can 'Return to menu' by using the button below.

Personal data submitted via RQIA's Web Portal may be accessed and used in accordance with RQIA's requirements as outlined in The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and associated regulations; in line with RQIA's registration and notification with the ICO under the Data Protection Act 1998; and in compliance with the Freedom of Information Act 2000. To comply with statutory and government requirements, data may be disclosed to external agencies, such as (but not exclusively): DHSSPS, NIAO, AccessNI, PSNI. RQIA will not disclose personal information to any third parties without the express consent of the data subject, except where required by law. From January 2005 personal data may, in exceptional circumstances where the public interest outweighs the individual's rights to privacy, be released under the auspices of the Freedom of Information Act 2000. Any queries concerning data protection or freedom of information should be addressed to RQIA's Head of Information. For further information, please visit <https://ico.org.uk/>

Previous

Return to menu

36. Your application will now be sitting within your Completed Applications section in the Changes to registration sub menu. You cannot make further changes to the web form at this point but you can view and print your application.

Notifications
Changes to registration
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Changes to Registration

To request a change / changes to your service registration an application form must be submitted to RQIA.

To begin this process, please select the application form from the menu on the left. Guidance is provided within each form.

General guidance about registration is available as a frequently asked questions document, which can be accessed [here](#)

This section only applies to services that are already registered and wish to apply for a change in their registration details. You should not access these forms if your service remains at the pre-registration stage. The relevant application forms for a new service registration can be accessed [here](#).

Please note that incomplete applications listed under your Applications to be Submitted / Resubmitted section will include previously inputted and saved information, and these applications can be updated and submitted at a later date.

Applications to be Submitted/Resubmitted

Update

Remove

Print

Service/Provider	Application Type	Status	Further Details
☐ Sysco Test Service 3 (021205)	PF011445 F01 - Registration of new manager for service	Incomplete	

Completed Applications

View

Service	Application Type	Status	Date Submitted
☒ Sysco Test Service 3 (021205)	PF011447 F01 - Registration of new manager for service	Submitted	26/03/2025

Time remaining: 59:55

[Return to menu](#)

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[Open Declaration](#)

1. Information about the Establishment/Agency

Name of the Establishment/Agency:

RQIA ID:

Address Line 1:

Address Line 2:

Town:

Postcode:

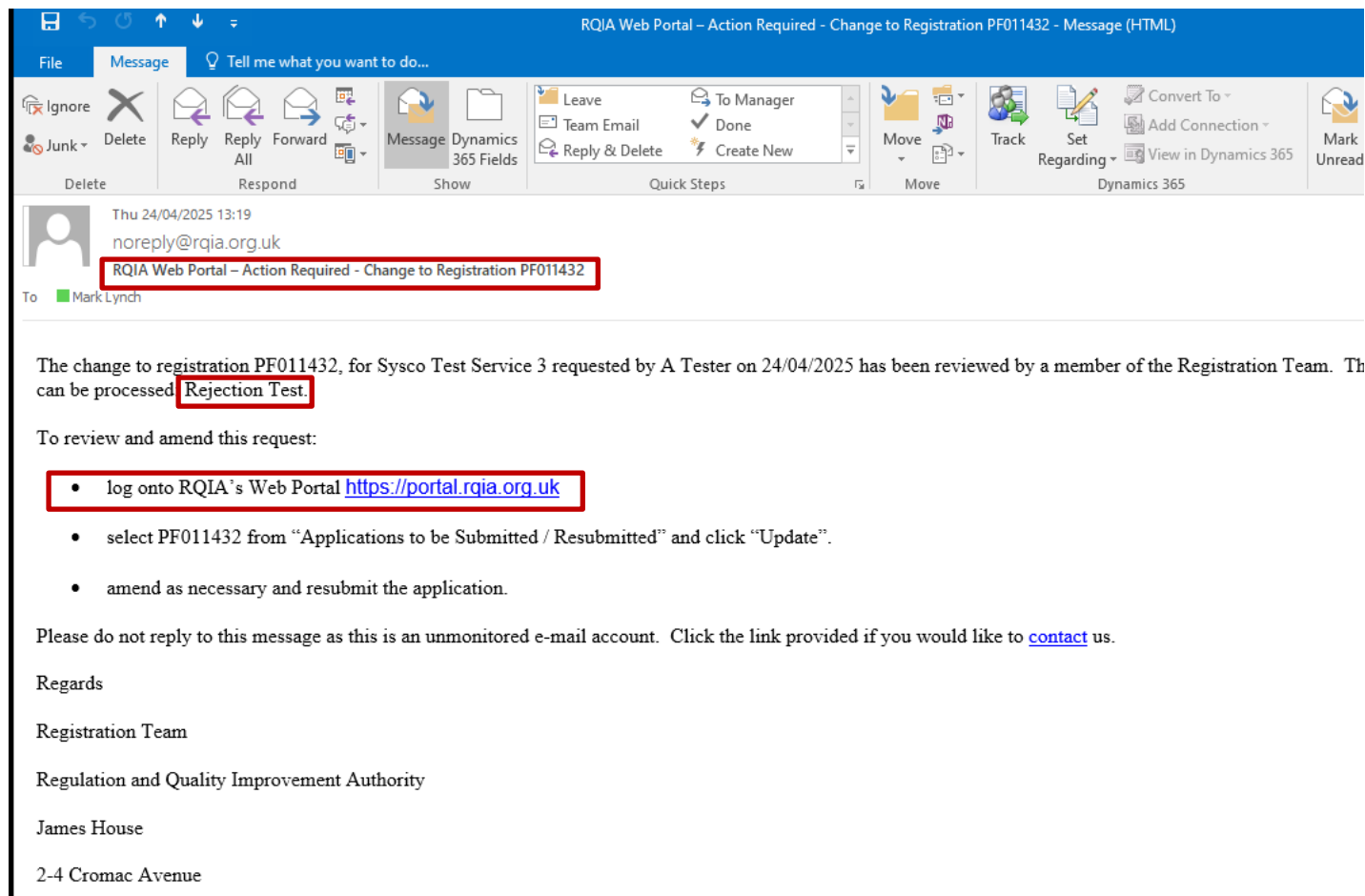
Business Email:

Telephone:

Fax:

37. Your application has now been submitted to RQIA. We will complete the initial assessment of your application and supporting documentation and contact you if further information is required.

38. If any additional documentation or information is required, the registration team may 'reject' or return your application for amendment. If this is the case, you will receive an automated email (as below) instructing you to log into your account and listing what issues need to be addressed.



39. The ‘rejected’ application will once again appear in the Applications to be Submitted / Resubmitted section. This will allow you to Update and Resubmit the application once the issues identified have been addressed.

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Applications to be Submitted/Resubmitted

Update	Remove	Print
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Service/Provider	Application Type	Status	Further Details
☒ Sysco Test Service 3 (021205)	PF011432 F01 - Registration of new manager for service	Rejected	Rejection Test

If you have any additional queries regarding your application or the registration process, please contact registration@rqia.org.uk.