

How to complete an application for a new service registration (applicant guidance)

This guidance document outlines how to apply to register a new service through the RQIA web portal. This process will apply if you are opening a new service, taking over ownership of an existing service, or applying to register a new provider entity. If you need additional guidance on whether registration with RQIA is required for your service type, please contact us before you complete the web portal membership form (email - registration@rqia.org.uk).

Part 1 - How to obtain Web Portal login details

You will require web portal login details in order to complete your web application. If you already have login details, please skip ahead to Part 2 (page 5).

1. Access the RQIA's Web Portal page through the RQIA website and select the 'How to register with RQIA' option in the top left hand corner.



RQIA Portal Version 1.0.1.37

Welcome to RQIA's Web Portal

RQIA's Web Portal provides access to a wide range of online services, allowing you to:

- submit notifiable events
- download and submit your inspection report and Quality Improvement Plan (QIP)
- apply to register a new service
- apply to make changes to your existing registration (or make changes to service details for non-registered services)
- submit a post-inspection evaluation form

If you have an existing account, please enter your username and password below.

RQIA's Web Portal is accessible only to services inspected by RQIA, or to providers seeking to make application to register a new service. Information on when existing services will receive their username and password is available [here](#).

Members of the public should access the [RQIA website](#).

If you do not have an existing account, and are seeking to make application to register as a new registered provider, you can begin the registration process [here](#).

Due to essential maintenance the portal will be unavailable from Friday 7/12/2017 5 pm until 08/12/2018 4 pm. We apologise for any inconvenience this may cause.

User Name (e.g. CT897247):

Password:

Log In

[Forgotten log in details?](#)

- Complete all of the mandatory fields within the 'How to register with RQIA' contact form, including your details, those of the entity* coming forward and the service type you wish to register. When all the required fields are completed, click 'Submit'.

[Contact Us](#)

[Privacy Notice](#)

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will contact you.

Please note:

This form should only be completed by unregistered persons seeking to register a new service with RQIA.

If you are a registered person or working for a registered service, please use the [Contact Us](#) form on the left hand side.

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

Service type: *	Domiciliary Care Agency (DCA) ▾
Service sub type: *	DCA-Conventional ▾
Service name: *	A New Service
Provider type: *	Organisation ▾
Provider name: *	New Provider Limited
Salutation: *	Mr ▾
First name: *	Test
Last Name: *	Record
Email: *	mark.lynch@rqia.org.uk
Date of birth: *	01/01/1980
Contact telephone (no spaces): *	07560000000

[Return to login](#)

[Submit](#)

*Under Provider Type you can select either Sole Person, Partnership, or Organisation. The definition of an Organisation may include - a Limited Company with or without a charitable objective, a Registered Charity with or without a charitable objective, or a Registered Society with or without a charitable objective

3. You will receive an automated message confirming the submission of your form and stating that RQIA will be in contact in due course.

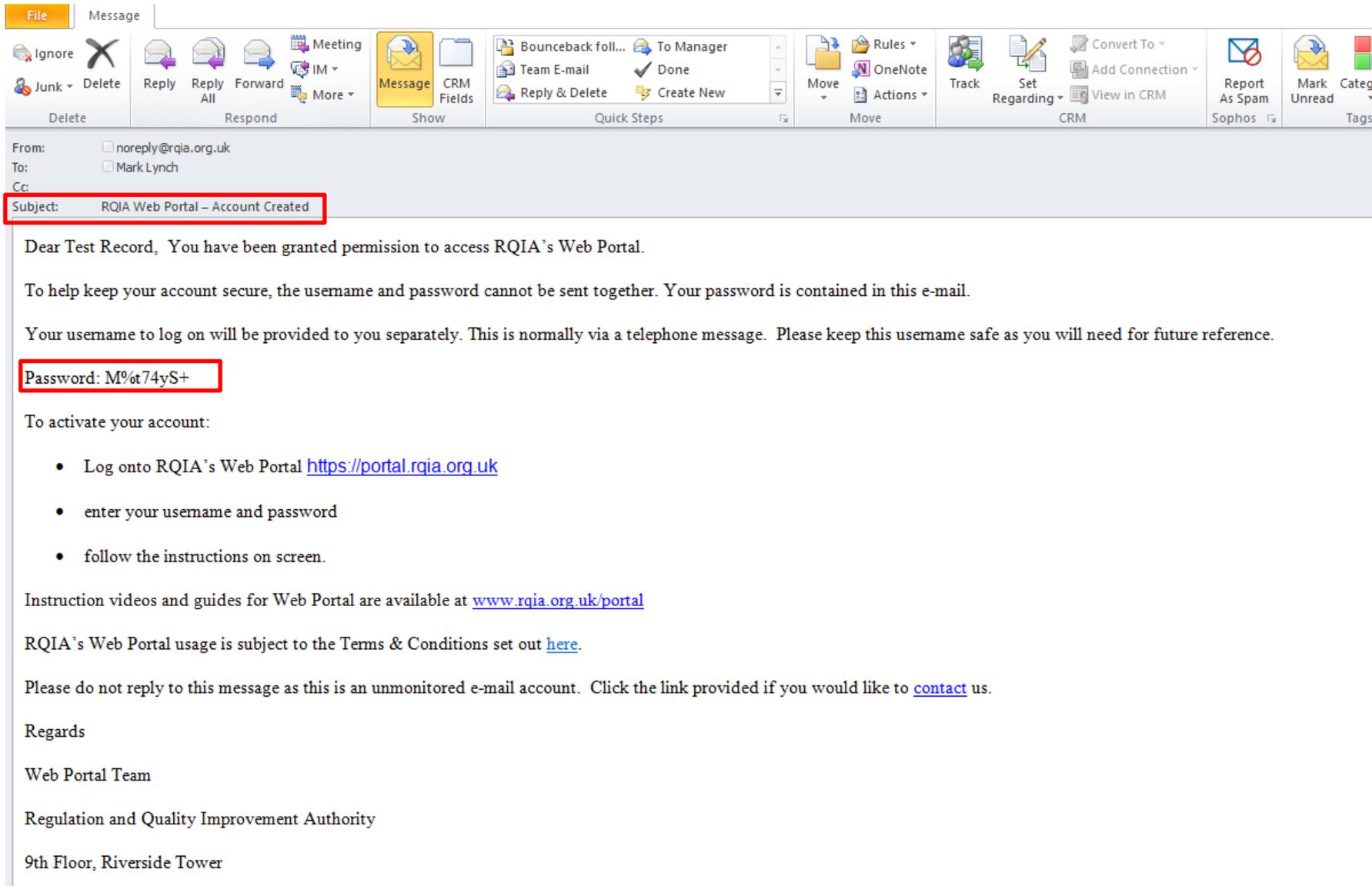
- [How to register with RQIA](#)
- [RQIA Public Website](#)
- [Frequently Asked Questions](#)
- [Contact Us](#)
- [Privacy Notice](#)

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[Login](#)

Thank you for your submission. RQIA will contact you in due course.

4. Once the form is validated by RQIA, you will receive an automated email including your temporary password. The registration team will then contact you by phone to confirm your username. You will need both your username and password in order to complete your initial login.



File Message

Ignore Delete Reply Reply All Forward Meeting IM More

Message CRM Fields

Bounceback foll... To Manager Done

Team E-mail Reply & Delete Create New

Rules OneNote Actions

Move Track Set Regarding

Convert To Add Connection View in CRM

Report As Spam Mark Unread Categ

Sophos Tags

Delete Respond Show Quick Steps Move CRM

From: noreply@rqia.org.uk

To: Mark Lynch

Cc:

Subject: RQIA Web Portal - Account Created

Dear Test Record, You have been granted permission to access RQIA's Web Portal.

To help keep your account secure, the username and password cannot be sent together. Your password is contained in this e-mail.

Your username to log on will be provided to you separately. This is normally via a telephone message. Please keep this username safe as you will need for future reference.

Password: M%t74yS+

To activate your account:

- Log onto RQIA's Web Portal <https://portal.rqia.org.uk>
- enter your username and password
- follow the instructions on screen.

Instruction videos and guides for Web Portal are available at www.rqia.org.uk/portal

RQIA's Web Portal usage is subject to the Terms & Conditions set out [here](#).

Please do not reply to this message as this is an unmonitored e-mail account. Click the link provided if you would like to [contact](#) us.

Regards

Web Portal Team

Regulation and Quality Improvement Authority

9th Floor, Riverside Tower

Part 2 - Completing your Service Application Form

NB. In order to complete this part of the process you will need to be the provider / responsible person or have been allocated provider-level permissions by your responsible person

1. Once you have successfully logged into the portal you should select 'Registration of a new service' from the menu on the left hand tab of your Homepage.

Time remaining: 57:51

Webportal Warrior Princess - Last Login - 22/11/2019 16:28:49 - [Logout](#)

Home
Change password
Contact details
Terms and Conditions
Notifications
Changes to registration
Registration of a new service
Post inspection evaluations
Report & QIP
Permissions

RQIA Portal Version 1.0.1.35

Home

Welcome to RQIA's Web Portal. Please use the navigation menu on the left hand side to access the functions you require. Training videos are available for RQIA's Web Portal [here](#).

My Services

Name	Town	Service Type	Sub-Type	Provider	Status
A new Test Service (020222)	Testville	Nursing (NH)		Nemo Limited	05. Registered
{my}dentist, Tempo Road (11943)	Enniskillen	Independent Hospital (IH) - Dental Treatment		IDH Acquisitions Limited	05. Registered

- In the 'Registration of a new service' sub-menu, open the 'Application for the registration of a new service' form.

Time remaining: 59:56

Webportal Warrior Princess - Last Login - 03/12/2019 15:49:10 - [Logout](#)

Home
Notifications
Changes to registration
Registration of a new service
Registration of an organisation
Registration of a sole person
Registration of a partnership
Registration of new manager for service
Application for the registration of a new service
Post inspection evaluations
Report & QIP
Permissions

RQIA Portal Version 1.0.1.35

Registration of a new service

To register a new service an application 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](#)

Please note: if you are submitting an application to take over ownership of an existing service, please review the guidance document and complete the relevant guidance document above.

If you are making application as a partnership, each individual partner should complete the "Registration of a partnership" application form, which will include their own personal details. In addition, one of the partners should complete an "Application for the registration of a new service" form via the Web Portal. The accompanying hard copy service application declaration page should be signed by all of the partners. The signature of the declaration page will be taken as proof that all partners have reviewed the service application form and are in agreement with the information provided in said form.

Applications to be Submitted/Resubmitted

Update

Remove

Print

No Submitted/Resubmitted Applications Found...

Completed Applications

3. Page 1 of the service application will ask you to input the Information about the Establishment/Agency. Input the proposed service name as free text and select the Provider and Service Type from the dropdown options provided.

1. Information about the Establishment/Agency

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

Establishment/Agency: *	<input type="text" value="Osprey Heights"/>
Provider: *	<input type="text" value="Still Game Ltd"/>
Service Type: *	<input type="text" value="Nursing (NH)"/>
Service Sub Type: *	<input type="text" value="-- Please Select --"/>
Address Line 1: *	<input type="text" value="Fostering Agency (FA)"/>
Address Line 2: *	<input type="text" value="Adult Placement Agency (APA)"/>
Town: *	<input type="text" value="Childrens (CH)"/>
Postcode: *	<input type="text" value="Day Care Setting (DCS)"/>
Business Email: *	<input type="text" value="Domiciliary Care Agency (DCA)"/>
	<input type="text" value="Independent Clinic (IC)"/>
	<input type="text" value="Independent Hospital (IH)"/>
	<input type="text" value="Independent Hospital (IH) - Dental Treatment"/>
	<input type="text" value="Independent Medical Agency (IMA)"/>
	<input type="text" value="Nursing (NH)"/>
	<input type="text" value="Nursing Agency (NA)"/>
	<input type="text" value="Residential (RC)"/>

4. Some service types will have sub-service types (for example, a Domiciliary Care Agency can be either a 'Conventional' or 'Supported Living' type service). If you are required to input the service sub type, please select an option from the dropdown list provided.

1. Information about the Establishment/Agency

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

Name of the Establishment/Agency: *	<input type="text" value="Osprey Heights"/>
Provider: *	<input type="text" value="Still Game Ltd"/>
Service Type: *	<input type="text" value="Nursing (NH)"/>
Service Sub Type: *	<input type="text" value="Adult Nursing Home"/>
Address Line 1: *	<input type="text" value="-- Please Select --"/> <input type="text" value="Adult Nursing Home"/> <input type="text" value="Children's Nursing Home"/>
Address Line 2:	<input type="text" value="75 Collier Street"/>

5. Complete the remaining fields within the Establishment/Agency details section. Please note that all fields are mandatory with the exception of 'Address Line 2'. When you have completed all of the mandatory fields, press 'Save and Next' to continue.

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

Name of the Establishment/Agency: *	Osprey Heights
Provider: *	Still Game Ltd
Service Type: *	Nursing (NH)
Service Sub Type: *	Adult Nursing Home
Address Line 1: *	Osprey Heights
Address Line 2:	76 Collina Street
Town: *	Craiglang
Postcode: *	G16 1SG
Business Email: *	jacqueline.lynch@rqia.org.uk
Telephone (no spaces): *	02895123456

Close

Save and Next

6. Page 2 of the application asks for the Proposed Registration Details of the new service. Description of the Establishment/Agency is mandatory and should be completed in free text.

The Maximum Number of Service Users will apply to some service types - Bed Numbers for Nursing Homes, Residential Care Homes, Children's Homes, Residential Family Centres, and Independent Hospitals. Dental Chairs should be inputted for Independent Hospitals – Dental Treatment, and the daily number of service users accommodated for Day Care Settings. This field is not required for other service types (Adult Placement Agencies, Domiciliary Care Agencies, Nursing Agencies, Independent Clinics, Independent Medical Agencies, and Voluntary Adoption Agencies).

Please complete the Service Opening Date (if known).

2. Proposed Registration Details

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

2.1 Description of the Establishment/Agency

Description of the Establishment/Agency: *

Nursing Home

Maximum Number of Service Users:

45

Date when service was established (or is proposed to be established):

Service Opening Date:

01/04/2025

7. The next section asks you to confirm the proposed categories of care for the new service. Again, this section will not apply for all services but should be completed for Nursing Homes, Residential Care Homes, Children’s Homes & Independent Hospitals. Click on ‘Add’ to create a new category of care record.

Proposed categories of care and maximum number of service users in category (if to be specified):

Add **Remove**

No Category Of Care records Found...

Select a category of care from the dropdown list provided, input the Maximum Number of Service Users in this category (where applicable). Click ‘Submit’ to save.

Add Category of Care

Category of Care: * **NH-I - Old age not falling within any other categ** ▾

Maximum Number of Users:

Cancel **Submit**

- NH-A - Past or present alcohol dependence
- NH-D - Past or present drug dependence
- NH-DE - Dementia
- NH-E - Service users who are over 65 years of age but do not fall within the category of old age
- NH-I - Old age not falling within any other category**
- NH-LD - Learning disability
- NH-LD(E) - Learning disability - over 65 years
- NH-MP - Mental disorder excluding learning disability or dementia
- NH.MP(F) - Mental disorder excluding learning disability or dementia - over 65 years

Add Category of Care

Category of Care: *

Maximum Number of Users:

When you return to the main form, you can 'Add' additional categories of care or 'Remove' any you have inputted in error.

Proposed categories of care and maximum number of service users in category (if to be specified):

Category of Care	Maximum Number of Users
<input type="radio"/> NH-I - Old age not falling within any other category	30

8. The final section of Page 2 will ask you to add any conditions which would apply to your registration (for example, restricting specific service users to a particular part of the home). Complete this field if applicable and click 'Save and Next' to continue.

Any other conditions of registration as per Certificate of Registration:

15 patients in category NH-DE to be accommodated in the Dementia Unit.

Close

Previous

Save and Next

9. Page 3 asks for additional information about the establishment / agency - specifically the accommodation, facilities and services provided. Please refer to the guidance document (accessible through the hyperlink within the page) for details on what information is required for your service type.

Application for the registration of a new service (PART A)

Steps:

1 **2** **3** 4 5 6 7 8

3. Information about the Establishment/Agency

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

3.1 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:

Complete questions 3.1, 3.2, 3.3, 3.4 and 3.5 as applicable. Once you have completed the relevant fields, click 'Save and Next' to continue.

3.1 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:

Insert Text

3.2 Scale of Charges

Details of the scale of charges payable by service users:

Details of the scale of charges payable by service users:

Insert Text

3.3 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

Insert Text

3.5 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

Insert Text

Close

Previous

Save and Next

10. Section 4 asks for information about your staff. Please refer to the guidance document and provide the required information for your service type. Complete questions 4 & 4.1 and click 'Save and Next' to continue.

Steps:

1 2 3 4 5 6 7 8

4. Information about Staff

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

4. 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

Mr Joe Bloggs, Male, 17/02/1983. Care Worker.

4.1 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. (see guidance Appendix 1)

N/A

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. (see guidance Appendix 1)

N/A

Close

Previous

Save and Next

11. Section 5 asks you to provide a statement of financial viability for your establishment / agency. Complete the field and click 'Save and Next' to continue.

5. Financial Viability

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

5. Financial Viability

Please outline how you will ensure the financial viability of the establishment / agency for the purpose of achieving the aims and objectives as set out in the statement of purpose (see guidance Appendix 2 for an outline of all financial documentation required in support of this application):

Insert Text

Close

Previous

Save and Next

12. Page 6 lists the supporting documents which you need to submit along with your application. You are required to upload these documents electronically. Please note that the maximum permitted file size for upload is 10MB.

6. 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
Proposed service users guide	----- Please Select ----- v		X Required
Proposed statement of purpose	----- Please Select ----- v		X Required
Proposed medication policy	----- Please Select ----- v		X Required
Staffing details (see Appendix 2)	----- Please Select ----- v		X Required
Registration fee payment to RQIA	----- Please Select ----- v		X Required
Letter from the provider's bank to show good financial standing	----- Please Select ----- v		X Required
Evidence of Public and Employer's Liability Insurance	----- Please Select ----- v		X Required
Most recent two years accounts (if active) or if not	----- Please Select ----- v		X Required

13. In order to upload a document select the option to 'Submit electronically using upload button' and use the 'Choose File' button to select your file.

Document to be returned	I am going to....	Upload Option	File uploaded
Proposed service users guide	Submit electronically using upload button ----- Please Select -----	Choose File No file chosen Upload Document	X Required
Proposed statement of purpose	Submit electronically using upload button		X Required

Document to be returned	I am going to....	Upload Option	File uploaded
Proposed service users guide	Submit electronically using upload button	Choose File No file chosen Upload Document	X Required

Search for the file you want to upload, select the file by selecting Open. Once the file location is populated in the Browse box, click 'Upload Document'.

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

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

Document to be returned	I am going to....	Upload Option
Proposed service users guide	Submit electronically using upload button	Choose File Upload Document

Name	Date modified
DO NOT USE	24/02/2025 10:51
2MB Test Document 3	10/02/2025 09:26
5 MB Test Document 2	10/02/2025 15:33
5 MB Test Document 2	13/02/2025 12:14
15 MB Test Document 1	07/02/2025 11:36

returned uploaded

Proposed service users guide 2MB Te...nt 3.pdf X Required

The web form will confirm that the document has been successfully uploaded.

Proposed service users guide

Work down the 'Documents to be supplied' list and select the option to submit your documentation electronically. Please note that the registration fee will not apply to all service types and therefore you should refer to the guidance document to confirm what fee you should pay (if any).

Any applicable fees should be paid by BACS. BACS transfers should be 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. You will be required to upload confirmation of your BACS payment (e.g. a screenshot of the payment confirmation).

With reference to the 'letter from the provider's bank to show good financial standing', please refer to Appendix 1 of this document (page 70), which provides a letter template.

Select a submission option for each document and click 'Save and Next' to continue.

Document to be returned	I am going to....	Upload Option	File uploaded
Proposed service users guide	Submit electronically using upload button		✓ Uploaded
Proposed statement of purpose	Submit electronically using upload button		✓ Uploaded
Proposed medication policy	Submit electronically using upload button		✓ Uploaded
Staffing details (see Appendix 2)	Submit electronically using upload button		✓ Uploaded
Registration fee payment to RQIA	BACS payment		✓ Uploaded
Letter from the provider's bank to show good financial standing	Submit electronically using upload button		✓ Uploaded
Evidence of Public and Employer's Liability Insurance	Submit electronically using upload button		✓ Uploaded
Most recent two years accounts (if active) or if not active a business plan with projected cash flow	Submit electronically using upload button		✓ Uploaded

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).

14. Page 7 will prompt you to open and print the Declaration. This should then be signed and uploaded. You should then complete the submission of your web application form by clicking 'Confirm and Proceed'. Alternatively, you can use the 'Previous' button to make changes to your application.

7. 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 ▾	<input type="button" value="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.

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

Previous **Return to menu**

15. After you click 'Confirm and Proceed' you will receive a confirmation that your application has been submitted. Click the button to return to the menu.

Application for the registration of a new service (PART A)

Steps:

1 2 3 4 5 6 7

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

16. Once you have received this message the application has been submitted and you can click Return to Menu

Previous

Return to menu

Your service application will now appear within the Completed Applications section of your registration menu. You can no longer make changes to the application but you can either view or print a copy of your form.

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Applications to be Submitted/Resubmitted

[Update](#) [Remove](#) [Print](#)

No Submitted/Resubmitted Applications Found...

Completed Applications

[View](#)

Service	Application Type	Status	Date Submitted
<input checked="" type="radio"/> Osprey Heights	PF011455 PART A - Application for the registration of a new service	Submitted	31/03/2025

Return to menu

Print

Open Declaration

1. Information about the Establishment/Agency

**Name of the
Establishment/Agency:**

Osprey Heights

Address Line 1:

Osprey Heights

Part 3 - Completing your Responsible Person Application

Regardless of whether you are applying to register a new service, taking over an existing one or changing your provider entity, you will be required to complete a new responsible person application. The type of application you complete will vary slightly depending on how you are applying (i.e. either as an organisation, a sole person or a partnership).

NB. If you are applying as a partnership, all applicants must complete a Registration of partnership form. Please contact registration@rqia.org.uk to request portal logins for the additional partners in the business.

If the application is on behalf of a registered charity or limited company and the applicant is not named on Companies House or Charity Commission register, we will contact you to obtain the correspondence details of a person who is named that can endorse the application.

1. Access the 'Registration of a new service' menu and select the relevant application from the list provided.

Home
Notifications
Changes to registration
Registration of a new service
Registration of an organisation
Registration of a sole person
Registration of a partnership
Registration of new manager for service
Application for the registration of a new service
Post inspection evaluations
Report & QIP
Permissions

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Webportal Warrior Princess - Last Login - 03/12/2019 15:54:07 - [Logout](#)

Registration of a new service

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If you are making application as a partnership, each individual partner should complete the "Registration of a partnership" application form, which will include their own personal details. In addition, one of the partners should complete an "Application for the registration of a new service" form via the Web Portal. The accompanying hard copy service application declaration page should be signed by all of the partners. The signature of the declaration page will be taken as proof that all partners have reviewed the service application form and are in agreement with the information provided in said form.

Applications to be Submitted/Resubmitted

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

Service/Provider	Application Type	Status	Further Details
<input type="radio"/> A New Service	PF000195	PART A - Application for the registration of a new service	Incomplete

2. Section 1.1 asks you to confirm the details of your organisation or entity. Please complete the fields within 1.1.2 noting that the mandatory fields are marked with a red asterisk.

1.1 Name of Organisation

Name: *

1.1.2 Details of the Organisation

Registration Number of company:

Company Type:

Address Line 1: *

Address Line 2:

Town: *

Postcode: *

Telephone (no spaces): *

Business Email: *

Fax (no spaces):

3. Section 1.2 (details of the responsible person) will be automatically populated from your account details. You are unable to change these details within this web form. If they are inaccurate, please contact the registration team.

1.2 Responsible Person

Title:	<input type="text" value="Miss"/>
First Name:	<input type="text" value="Webportal Warrior"/>
Surname:	<input type="text" value="Princess"/>

1.3 List of Establishments in respect of which the application is made

<input type="button" value="Add"/>	<input type="button" value="Remove"/>
------------------------------------	---------------------------------------

4. Section 1.3 allows you to select the service you are applying to carry on by using the dropdown list provided. If the service you wish to apply for does not appear on the dropdown list, this is because you don't have permissions for that service. If this is the case, you should contact the registration team.

Time remaining: 59:54

Add Establishment

Service:

5. You can add additional services to your application (if you are applying for more than one) or remove any you have added erroneously. Click 'Save and Next' to continue.

1.3 List of Establishments in respect of which the application is made

Name	Address	Service Type	Registration ID
<input type="radio"/> Osprey Heights (021215)	76 Collina Street	Residential (RC)	021215

6. Section 2 relates to the information about you (the applicant). Your name, DOB and contact details will be automatically populated from the details saved against your web portal account and therefore these fields are 'greyed out' and cannot be changed on this page. Please complete the mandatory fields in white and then click 'Save and Next' to continue.

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

Title: -- Please Select --

First Name: A

Middle Names (if any):

Surname: Tester 2 JLy

Position in the Organisation: * Director

Date of Birth: 06/02/2025

Address Line 1: * Osprey Heights

Address Line 2: 76 Collina Street

Town: * Craighang

Postcode: * G16 1SG

Telephone: 0000000

Email Address: jacqueline.lynch@rqia.org.uk

Close

Previous

Save and Next

7. Page 3 relates to your qualifications. Click 'Add' to create a new Qualification record.

Steps: 1 2 3 4 5 6 7 8 9 10 11 12 13

3. Qualifications

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

Please refer to guidance document for an outline of required qualifications

Add

Remove

No Qualifications Found...

Close

Previous

Save and Next

8. Complete the fields within the Qualification sub-form and click 'Submit' to save.

Time remaining: 59:16

Add Qualification

Professional/Vocational or Technical Qualifications: *

Awarding Body:

Date Obtained:

9. You can add additional qualifications to your list or remove any added erroneously. Click 'Save and Next' to continue to the next section.

3. Qualifications

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

Please refer to guidance document for an outline of required qualifications

Professional/Vocational or Technical Qualifications	Awarding Body	Date Obtained
<input type="radio"/> Nursing Degree	QUB	07/07/2003

10. Section 4 allows you to add the details of any Professional Body Registrations you hold. If applicable, click 'Add' to create a Professional Body record.

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

11. Complete the fields included within the Professional Body Registration sub-form and click 'Submit' to save.

Time remaining: 59:21

Add Professional Body Registration

Name of Professional Regulatory Body: * NMC

Registration/PIN (where applicable): 12345

Date of Expiry: 31/03/2020

Cancel

Submit

12. You can add additional qualifications to your list or remove any added erroneously. Click 'Save and Next' to continue.

4. Details of Registration with Professional Body

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

Add

Remove

Name of Professional Regulatory Body	Registration/PIN	Date of Expiry
<input type="radio"/> NMC	12345	18/02/2027

Close

Previous

Save and Next

13. Section 5 relates to your employment history. You are required to input your full employment history (from first paid employment) and account for any gaps in your employment. Click 'Add' to create a new Employment record.

5. Experience

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

Please provide explanation for gaps in employment

Add

Remove

No Employment Records Found...

Close

Previous

Save and Next

14. 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: 58:57

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: *

Name and Address of Employer: *

Outline of Main Duties: *

Employment Start Date: *

Employment End Date:

Reason for Leaving:

Cancel

Submit

15. 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.

5. Experience

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

Please provide explanation for gaps in employment

Add

Remove

Job Title/ Grade	Name and Address of Employer	Start Date	End Date	Reason for Leaving
<input type="radio"/> Staff Nurse	NHS Hospital	01/01/2000	31/12/2009	New Post

Close

Previous

Save and Next

5. Experience

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

Please provide explanation for gaps in employment

Add

Remove

Job Title/ Grade	Name and Address of Employer	Start Date	End Date	Reason for Leaving
<input type="radio"/> Home Manager	Another Nursing Home	01/01/2016		
<input type="radio"/> Deputy Manager	Nursing Home	01/01/2010	31/12/2015	Promotion
<input type="radio"/> Staff Nurse	NHS Hospital	01/01/2000	31/12/2009	New Post

Close

Previous

Save and Next

16. Section 6 asks for any other experience or training relevant to your application. If applicable, complete this free-text box and click 'Save and Next' to continue.

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

Management Training

Close

Previous

Save and Next

17. Section 7 asks you to state any other business details not directly related to the service you are applying to register. Please state the details of any business interests or state 'non-applicable'. Click 'Save and Next' to continue.

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

18. 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.

8. References

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

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 Fake Street
Address Line 2:	
Town: *	Somewhere
Postcode: *	BT2
Telephone (no spaces):	
Email:	johnsmith@smithy.com
Occupation:	CEO
Capacity in which known: *	Former Employer

Referee 2

Title: *	<input type="text" value="Ms"/>
First Name: *	<input type="text" value="Jane"/>
Surname: *	<input type="text" value="Jones"/>
Address Line 1: *	<input type="text" value="234 New Street"/>
Address Line 2:	<input type="text"/>
Town: *	<input type="text" value="Newtown"/>
Postcode: *	<input type="text" value="BT3"/>
Telephone (no spaces):	<input type="text"/>
Email:	<input type="text" value="janejones@testemail.com"/>
Occupation:	<input type="text" value="Manager"/>
Capacity in which known: *	<input type="text" value="Colleague"/>

19. If you are unable to provide a reference from your current or most recent employer (for example, if you are self-employed) please state so in the free text box at the bottom of section 8. Click 'Save and Next' to continue.

Self-employed

Close

Previous

Save and Next

20. Section 9 asks for your statement of financial standing. Please answer 'Yes' or 'No' to the three questions asked. If you say 'Yes' to any of these questions please provide details in the free text box provided.

Steps: **1** **2** **3** **4** **5** **6** **7** **8** **9** 10 11 12 13 14

9. Statement of Financial Standing

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

Have you been adjudged bankrupt:	No	▼
Has sequestration of your estate been ordered:	No	▼
Have you made a composition or arrangement with, or granted a trust deed for, his creditors:	No	▼

If yes, please provide details:

21. Section 9a asks you to confirm the financial viability of your establishment/agency. Answer 'Yes' or 'No' and type any additional comments in the box provided.
Click 'Save and Next' to continue.

9a. Statement of Financial Viability

Is the applicant able to ensure the financial viability of the establishment/agency for the purpose of achieving the aims and objectives as set out in the Statement of Purpose?

Yes

Additional Comments:

Close

Previous

Save and Next

22. Page 10 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.

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

[Print Medical Fitness Form](#)

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 delaration 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

Form Reference: PF000197

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

Name (print)	Signature	Date

Name of Practice		Practice Stamp
Address		

- 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 beside it. Click 'Save and Next' to continue.

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 delaration box.

Unable to get GP appointments|

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

23. Page 11 relates to Rehabilitation of Offenders. You are 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. When completed, click 'Save and Next' to continue.

11. 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
investigation?**

No



If yes, please provide details:

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

If yes, please provide details:

Close

Previous

Save and Next

24. Page 12 lists the supporting documents to be supplied along with your application. All documents should be uploaded electronically through the portal. On receipt of the application, a member of the Registration Team will be in contact to arrange a meeting by MS Teams to verify your ID documents. Please note that the maximum permitted file size for upload is 10 MB.

12. Documents to be supplied

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

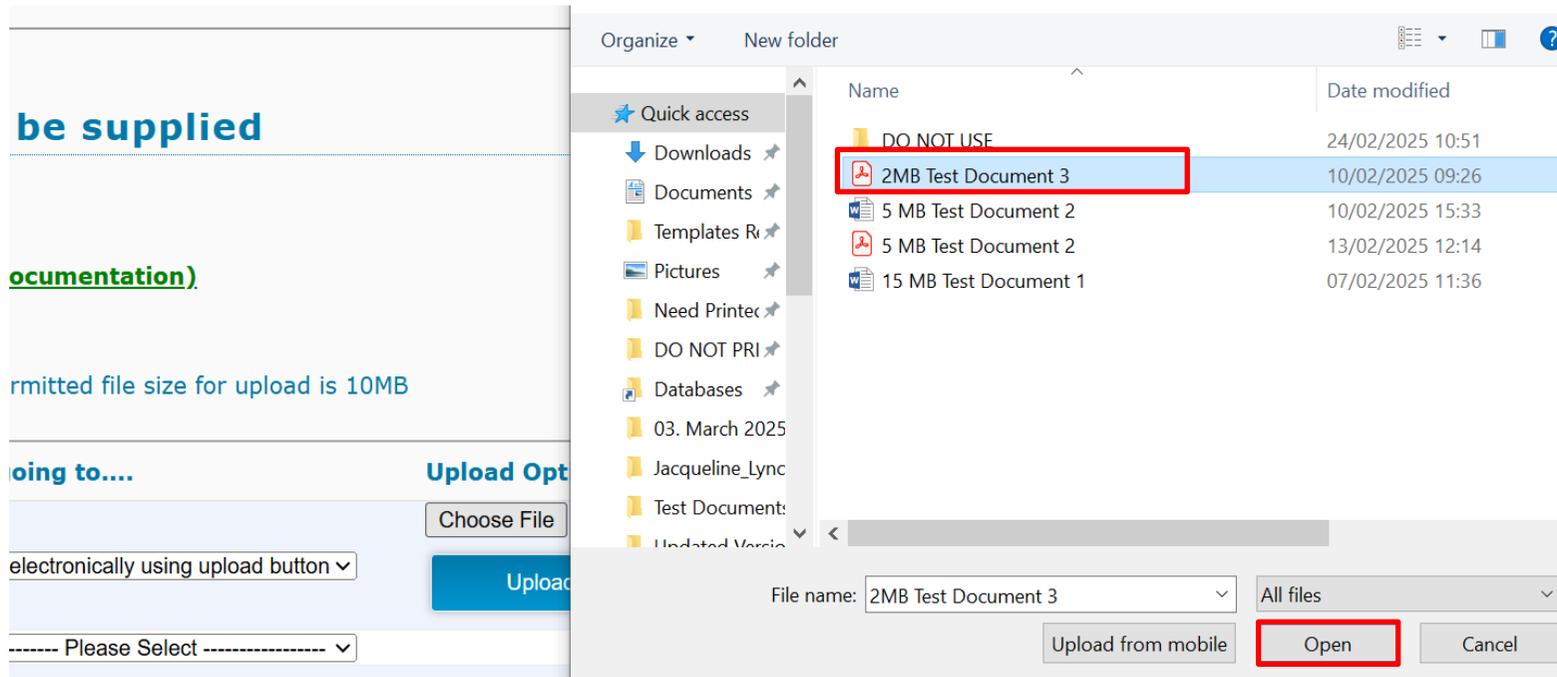
Please note that the maximum permitted file size for upload is 10MB

Document to be returned	I am going to....	Upload Option	File uploaded
Statement of financial standing	----- Please Select ----- ▼		X Required
Birth Certificate	----- Please Select ----- ▼		X Required
Documentary evidence of qualifications	----- Please Select ----- ▼		X Required
Completed AccessNI disclosure application	----- Please Select ----- ▼		X Required
AccessNI Fee payment	----- Please Select ----- ▼		X Required
Evidence of professional indemnity insurance	----- 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

25. In order to upload a document electronically, select 'Submit electronically using upload button' and then click on the 'Chose File' button.

Document to be returned	I am going to....	Upload Option	File uploaded
Statement of financial standing	Submit electronically using upload button ▾	Choose File No file chosen Upload Document	X Required

Search for the document you which to upload and click 'Open'.



Once the document location is appearing in the Browse box, click 'Upload Document'

returned	I am going to....	Upload Option	uploaded
Statement of financial standing	Submit electronically using upload button ▾	Choose File 2MB Te...nt 3.pdf Upload Document	X Required

You will receive a message confirming the document upload is complete.

Statement of financial standing	Submit electronically using upload button ▾	✓ Uploaded
---------------------------------	---	-------------------

26. You are required to make an enhanced disclosure application through the AccessNI portal. The 'Documents to be supplied' page includes a hyperlink which takes you to the NI Direct login page where you can submit your online enhanced disclosure application, and a webpage which lists the accepted ID documents.

Completed AccessNI disclosure application	Online application submitted ▾	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.

27. 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.

Do you have an nidirect account?

 This is the nidirect account management service.

Your nidirect account will allow you to access online government services in Northern Ireland.

For more information visit [nidirect](#)

Email address

Password

Sign in

A fee of £32 is required in order to process your enhanced disclosure application. This payment should be made by BACS and you will be required to upload confirmation of this payment. Select a submission option against each document and then click 'Save and Next' to continue.

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 financial standing	Submit electronically using upload button ▾		✓ Uploaded
Birth Certificate	Submit electronically using upload button ▾		✓ Uploaded
Documentary evidence of qualifications	Not Applicable ▾	N/A	
Completed AccessNI disclosure application	Online application submitted ▾	N/A	
AccessNI Fee payment	BACS payment ▾		✓ Uploaded
Evidence of professional indemnity insurance	Not Applicable ▾	N/A	
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).

28. Page 13 will prompt you to print, sign, and scan the declaration form and upload it. Once you have uploaded your signed declaration click 'Confirm and Submit'.

13. 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	<input type="text" value="Submit electronically using upload button"/>	<input type="button" value="Choose File"/> No file chosen <input type="button" value="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.

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

Previous

Return to menu

After you click 'Confirm and Submit' you will receive a confirmation that the application has been submitted.

Registration of an Organisation (F05A)

Steps: 1 2 3 4 5 6 7 8 9 10 11 12 13

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

You can now exit the application by using the 'Return to menu' button below.

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

29. Your responsible person application will now appear within the Completed Applications section of your registration menu. You can no longer make changes to the application but you can either view or print a copy of your form.

ore
1.1.79

Applications to be Submitted/Resubmitted

[Update](#) [Remove](#) [Print](#)

No Submitted/Resubmitted Applications Found...

Completed Applications

[View](#)

Service	Application Type	Status	Date Submitted
<input checked="" type="radio"/> Osprey Heights (021215)	PF011456 F05A - Registration of an organisation to carry on a new service	Submitted	31/03/2025

Time remaining: 59:55

[Return to menu](#)

[Print](#)

[Open Declaration](#)

Registration of an organisation (F05A)

1.1 Name of Organisation

Name:

Part 4 - Enabling your Manager to submit their application

All services are required to have a registered manager and, in most scenarios where a new service application is being submitted, a manager application will be required. If you are appointing a separate manager (i.e. as opposed to managing the service yourself) you will need to set this person up as a delegated web portal user and grant them permissions to complete the manager application.

1. When on your Homepage, select the Permissions tab on the left hand menu and click on 'Delegated Users'.

Home
Notifications
Changes to registration
Registration of a new service
Post inspection evaluations
Report & QIP
Permissions
Delegated Users

Time remaining: 57:27

Webportal Warrior Princess - Last Login - 04/12/2019 10:24:51 - [Logout](#)

Permissions

From this menu you can control who can login on behalf of your services.

All people that can login to your service are listed in the Delegated User menu. This will allow you to add new users, edit existing user details (e.g. name), or edit permissions (i.e. what the user can perform on behalf of the service).

[Delegated Users](#)

2. Select the appropriate service from the dropdown list within your Delegated Users page. This will provide you with a list of all current delegated users for this service (if any). Click on 'Create User' to add your proposed manager.

Delegated Users

From this menu you can control who can login on behalf of your services.

All people that can login to your service are listed in the Delegated User menu. This will allow you to add new users, edit existing user details (e.g. name), or edit permissions (i.e. what the user can perform on behalf of the service).

Service: A new Test Service (020222)

Create User

Edit User Contact Details

Edit User Permissions

Unlock User

Remove User

Name	Id	Email	Locked Out
<input type="radio"/> A New User	CT012332	newuser12345@hotmail.co.uk	<input type="checkbox"/>

3. Assuming your manager does not already have an existing web portal account, you can add him or her as a 'New Contact'. Complete all of the mandatory fields within this form to confirm the applicant's details and click 'Submit' to save.

Time remaining: 00:04

Webportal Warrior Princess - Last Login - 04/12/2019 10:24:51 - [Logout](#)

Create User

Service: *	A new Test Service (020222) <input type="text"/>
	<input checked="" type="radio"/> New Contact <input type="radio"/> Existing Contact
Salutation: *	Mr <input type="text"/>
First Name: *	Test <input type="text"/>
Last Name: *	Record <input type="text"/>
Date of Birth: *	01/01/1980 <input type="text"/>
Email: *	test@test.co.uk <input type="text"/>
Contact Telephone (no spaces): *	07560000000 <input type="text"/>

Cancel

Submit

Alternatively, if your manager already has an active web portal account, you will need to ask him/her to supply their current username ('CT' number) and then create them as an 'Existing Contact'. Complete the mandatory fields and then click 'Submit' to save.

Time remaining: 59:53

Webportal Warrior Princess - Last Login - 04/12/2019 10:24:51 - [Logout](#)

Create User

Service: * A new Test Service (020222)

New Contact Existing Contact

Existing Web Portal User ID (e.g. CT283011): * CT0283011

Last Name: * Record

Date of Birth: * 01/01/1980

Cancel

Submit

4. Next, you will be asked to confirm the permissions your new user will hold (i.e. the functions / forms they will be able to complete on the portal). Managers will generally have permissions to download QIPs, complete post-inspection evaluations, create delegated users, submit Form 1a notifications, complete their manager application, and complete an application to vary the service's registration. You can however grant your manager more or fewer permissions as you see fit. Click 'Submit' to save.

NB. You must grant your user 'Full Access' to the registration of new manager form to allow them to complete their manager application via the web portal.

Edit Permissions

Service: A new Test Service (020222)

Name: Test Record

Choose the permissions for this user below. For a description of each option please hold the mouse pointer over the relevant Permission Name.

Permission Name	No Access	Full Access
Access Button Download QIP	<input type="radio"/>	<input checked="" type="radio"/>
Access Button Upload QIP	<input checked="" type="radio"/>	<input type="radio"/>
Access Menu Post Inspection Evaluations	<input type="radio"/>	<input checked="" type="radio"/>
Access Submenu Application Cancellation	<input checked="" type="radio"/>	<input type="radio"/>
Access Submenu Delegated Users	<input type="radio"/>	<input checked="" type="radio"/>
Access Submenu Form 1a - Initial Notification - Adult Services	<input type="radio"/>	<input checked="" type="radio"/>
Access Submenu Notification of Absence	<input checked="" type="radio"/>	<input type="radio"/>
Access Submenu Registration of new manager	<input type="radio"/>	<input checked="" type="radio"/>
Access Submenu Variation	<input type="radio"/>	<input checked="" type="radio"/>

Cancel

Submit

5. Your proposed manager will now be listed as a delegated user. The manager will need their username ('CT' number) in order to login and so you should forward this information to him or her. An automatically generated password will be emailed directly to the user.

Delegated Users

Permissions updated

From this menu you can control who can login on behalf of your services.

All people that can login to your service are listed in the Delegated User menu. This will allow you to add new users, edit existing user details (e.g. name), or edit permissions (i.e. what the user can perform on behalf of the service).

Service:

A new Test Service (020222) ▼

Create User

Edit User Contact Details

Edit User Permissions

Unlock User

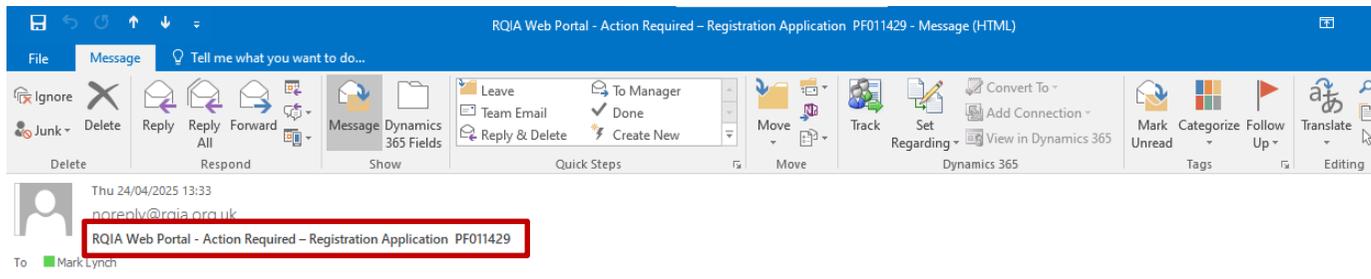
Remove User

Name	Id	Email	Locked Out
<input type="radio"/> A New User	CT012332	newuser12345@hotmail.co.uk	<input type="checkbox"/>
<input checked="" type="radio"/> Test Record	CT012372	test@test.co.uk	<input type="checkbox"/>

- Please refer your manager to the 'How to complete a manager application' guidance document which is available on our website - [https://rqia.org.uk/RQIA/media/RQIA/Web%20Portal%20Docs/How-to-complete-a-manager-application-\(Applicant-guidance\).pdf](https://rqia.org.uk/RQIA/media/RQIA/Web%20Portal%20Docs/How-to-complete-a-manager-application-(Applicant-guidance).pdf)
This guidance will take the applicant through the steps for completing their manager application via the portal.

Part 5 – Resubmission of Application (if required)

- 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.
- 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.



The Registration Application Form PF011429, submitted by A Tester on 24/04/2025, has been reviewed by a member of the Registration Team. This application requires amendments before it can progress. **Rejection Test.**

To review and amend this application:

- log onto RQIA's Web Portal <https://portal.rqia.org.uk>
- select PF011429 from "Applications to be Submitted / Resubmitted" and click "Update".
- amend as necessary and resubmit the application.

Please do not reply to this message as this is an unmonitored e-mail account. Click the link provided if you would like to [contact](#) us.

Regards

Registration Team

Regulation and Quality Improvement Authority

James House

2-4 Cromac Avenue

3. 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.

Home
Notifications
Changes to registration
Registration of a new service
Registration of an organisation
Registration of a sole person
Registration of a partnership
Registration of new manager for service
Application for the registration of a new service
Post inspection evaluations
Report & QIP
Document Store
Permissions

RQIA Portal Version 1.0.1.79

Registration of a new service

To register a new service an application 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](#)

Please note: if you are submitting an application to take over ownership of an existing service, please review the guidance document and complete the relevant guidance document above.

If you are making application as a partnership, each individual partner should complete the "Registration of a partnership" application form, which will include their own personal details. In addition, one of the partners should complete an "Application for the registration of a new service" form via the Web Portal. The accompanying hard copy service application declaration page should be signed by all of the partners. The signature of the declaration page will be taken as proof that all partners have reviewed the service application form and are in agreement with the information provided in said form.

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
© ffff	PF011436 PART A - Application for the registration of a new service	Rejected	Rejection Test

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

Appendix 1 – Bank Letter Template

Dear Applicant

Re: Reference expressing an opinion as to your financial standing

In accordance with the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, Establishments and Agencies falling under the defined service types and operating in Northern Ireland are required to be registered with and regulated by The Regulation and Quality Improvement Authority (RQIA).

As an applicant registering with RQIA you have an obligation under The Regulation and Improvement Authority (Registration) Regulations (Northern Ireland) 2005 to obtain a **reference from your bank expressing an opinion as to your financial standing**.

In order for you to meet the requirements of the above legislation, you are required to obtain the following information from your bank:

1. the name(s) on the account (account number and sort code are not required)
2. the name(s) of the individual(s) with access to or control of the account
3. if the individual(s) concerned has/have ever had an application for an account refused
4. the length the account has been in existence
5. if the account holder(s) or the individual(s) with access to or control of the account has/have been issued with any debt facilities or other liabilities
6. if the account(s) has/have been in overdraft in the last 12 months
7. if the account(s) has/have been operated in a satisfactory manner

Your co-operation with this matter is greatly appreciated.