

# Application for existing providers - registering additional Services

Please complete in BLOCK CAPITALS and in black ink.

This form should be completed by the intended registered person or a person with the authority to represent the registered person.

In addition, please attach all documents which must accompany this application. Please refer to the Regulation of Care (Registration) Regulations 2013 Schedule 3 for a list of the documents required.

## SECTION 1 - General information on the Service

**Name of the Body Corporate/  
Individual/Partnership**

The Registered Office/Principal Office of the body corporate

Name	<input type="text"/>
Address	<input type="text"/>
	<input type="text"/>
	<input type="text" value="Postcode"/>
Telephone number	<input type="text"/>
Company registered number	<input type="text"/>
Email address	<input type="text"/>
Date of registration	<input type="text" value="/ /"/>

### Please provide details of the care services currently attached to your registration

<b>1.</b> Name of care service	<input type="text"/>
Address	<input type="text"/>
	<input type="text"/>
	<input type="text" value="Postcode"/>
<b>2.</b> Name of care service	<input type="text"/>
Address	<input type="text"/>
	<input type="text"/>
	<input type="text" value="Postcode"/>
<b>3.</b> Name of care service	<input type="text"/>
Address	<input type="text"/>
	<input type="text"/>
	<input type="text" value="Postcode"/>

Please continue on a separate sheet if necessary



**Only complete this section if there are changes to provider details that the Registration and Inspection Unit currently hold**

**Change of personal address or other contact details of an Individual provider.**

Name	
Address	
	Postcode
Telephone number	
Email address	

**Change of the Registered Office/Principal Office of the body corporate**

Name	
Address	
	Postcode
Telephone number	
Email address	

**Change of company directors or other officers of a body corporate**

Title	First Name(s)	Surname	Date of birth	Position

Please note that company directors and officers of a body corporate need to complete 'Declaration - Director or Officers of a body corporate' form.

**SECTION 2 - Details of care service to be added**

Name of care service

Address of care service

  
  

Postcode

Telephone number

Email address

**Description of Care Service**

Please tick a box

- Adult Care Home       with nursing
- Adult Day Care Centre
- Adult Placement Agency
- Child Care Agency
- Child Day Care Centre
- Child Day Care Centre Forest School
- Childminder
- Children's Home
- Child (secure accommodation) establishment
- Domiciliary Care Agency
- Fostering Agency
- Independent Clinic
- Independent Hospital
- Independent Medical Agency
- Nurses Agency
- Offender accommodation service
- Residential Family Centre
- Voluntary Adoption Agency

**Proposed use:**

Please indicate the days and times the provision is to be operated.

Will this be:

All year round

School term times only

School holidays only

Other

Occasional

If other or occasional, please provide details:

An indication of the size of the proposed service, (for example number of users including age group)

**Please state:**

The total number of service recipients who will be on the premises at any one time

Age Range	Proposed maximum number

Will you have sole use of the premises? Yes  No

If **No**, please provide details:

Is the premises currently used for the proposed provision? Yes  No

If **Yes**, please provide details:

Please state any separate facilities for use by staff:

Are meals to be provided? (for example, packed lunches, cooked meals):

--

**Property ownership**

Please provide:

The name and address of the person/company who owns the premises if different from the applicant:

Name	
Address	
	Postcode

Name and address of parties with financial interest in the premises and/or the business: (e.g. Loan company)

Name	
Address	
	Postcode

Name and address of professional advisers (e.g. Accountants, solicitors) from whom confirmation of ownership and financial arrangements can be sought:

Name	
Address	
	Postcode

**Insurance**

Please enclosed with this Application a copy of a Certificate of Insurance to cover Employers Public Liability

**Rented property**

If you are renting a property for the establishment, please enclose a copy of the lease or Short Particulars with this application.

**SECTION 3 - Description of premises**

Location of premises (Please indicate distance from local amenities, for example, shops, post office, park)

--

**Condition of premises** (please ✓)

Purpose built

Converted for use

To be developed

**Building work (if property is to be developed/under construction)**

Does the premises have planning approval for the proposed provision?

Yes

No

If **Yes**, please enclose a copy of the approval notice.

If **No**, please give details of pending action:

What is the projected date of completion?

/ /

**Use of premises**

Is any other business to be carried on in the same premises as those of the service?

Yes

No

If **Yes**, please provide details:

**For providers using domestic premises - e.g. Children's Homes, Learning Disability Homes**

Purpose built

House

Flat

**For non-residential services and body corporate where files/documents not held at the service.**

Please describe arrangements that exist for:

Out of hours emergency access

Out of hours telephone contact

Please provide the name and contact details of the principal keyholder:

## SECTION 4 - Security Arrangements

Please provide a statement as to the security arrangements for the purpose of:

Safeguarding access to information/records held by the service (both on and off site)

Restricting access from adjacent premises or, when the premises form part of a building, from other parts of the building

## SECTION 5 - Staffing

**Management arrangements. Please provide details below:**

Please note that the manager will need to complete an application for registration.

Please fill in details of **all** staff aged sixteen or over, including maintenance and domestic staff. Please continue on a separate sheet if necessary, or provide a separate staffing list showing the information requested below.

Title	Full name	Date of Birth	Proposed position	Qualifications

**Suitability of staff**

Please confirm that you have or will obtain for the following for **each member of staff**:

	<b>Already obtained</b>	<b>Will obtain</b>	<b>Comments</b>
Information relating to their relevant qualifications, skills and experience	<input type="checkbox"/>	<input type="checkbox"/>	_____
A statement that they are physically and mentally fit for the work which they are to perform	<input type="checkbox"/>	<input type="checkbox"/>	_____
Proof of identity (i.e. A copy of a birth certificate, passport, driving licence)	<input type="checkbox"/>	<input type="checkbox"/>	_____
A recent photograph	<input type="checkbox"/>	<input type="checkbox"/>	_____
Two satisfactory references	<input type="checkbox"/>	<input type="checkbox"/>	_____
A Disclosure and Barring Service (DBS) check for each member of staff	<input type="checkbox"/>	<input type="checkbox"/>	_____

Please state how you have satisfied or intend to satisfy yourself that the qualifications, skills and experience of all staff are suitable and authentic.



**SECTION 6**

Please note that further information may be required by the Registering Authority to establish the financial viability of the establishment.

Please sign below:

**Signed**

**Individual /  
Responsible Person /  
Partner**

**Print Name**

**Designation**

**Date**

**Partnerships ONLY—additional partners:**

**Signed**

**Print Name**

**Position**

**Date**

**Signed**

**Print Name**

**Position**

**Date**

**Issued by:**

Registration and Inspection Team  
Department of Health and Social Care  
1st Floor, Belgravia House  
34-44 Circular Road, Douglas  
Isle of Man  
IM1 1AE

Tel: +44 1624 642422

Email: RandI@gov.im