



## Application for Registration – Manager

Please complete in BLOCK CAPITALS and in black ink.

**This form should be completed by** the proposed manager of the service, not by an organisation on the manager’s behalf.

Application forms **MUST** include all relevant documentation as per checklist.

If evidence supporting the application is not provided, the application will **not be accepted**.

### SECTION 1 – General information on the Care Service

Name of care service		
Address of care service		
		Post code
Telephone number		
Email address		

Are you currently registered with the CQC or Ofsted?  
Are you currently registered with the IOM

Yes  No   
Yes  No

If **Yes**, please give the following details:

Name of Registered Provider
Registered Address
Post code

### SECTION 2 – Personal information

Full Name & Title

Other names by which you have been known

Date of birth

Telephone number

Email address

Address

Post code

I have lived here from

Previous Address

Post code

Date from  Date to

Please provide the details of all other addresses where you have lived in the **last 5 years**. If applicable continue on a separate sheet,.

Do you require a work permit? Yes  No

**Current employment details**

Name of employer	
Employer address	
	Post code

Telephone number:

Email address:

Job Title

Responsibilities


Date commenced

/ /
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**Full Time**  **Part Time**

**Previous employment** – Please enclose a comprehensive Curriculum Vitae including all past employment history since leaving full time education. Please explain any gaps and provide reasons for leaving each job.

If you already manage the establishment / agency to which this application applies, please state date commenced.

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Will you also be responsible for the management of any other establishment / agency / service not included in this application?

**Yes**  **No**

If **Yes**, please provide details

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Have you ever been employed by a person registered under any Act on the Isle of man or related jurisdictions registered for looking after adults or children?

**Yes**  **No**

If **Yes**, please provide details

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Have you ever been subject to disciplinary action, formal hearing, suspension and/or dismissal from a place of employment?

**Yes**  **No**

If **Yes**, please provide details:

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Have you ever been subject to refusal or cancellation of registration in health and social care regulation for children or adults in any jurisdiction? **Yes**  **No**

If **Yes**, please provide details:

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Have you ever been employed by a registered care establishment / agency / service? **Yes**  **No**

If **Yes**, please provide details:

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**Please detail your professional, or care qualifications that are relevant to the services that are to be provided at the establishment or agency**

Date	Name of examining body	Qualification obtained

Original certificates or other suitable evidence relating to qualifications are to be provided in person by the applicant.

**Registration with professional bodies**

Please provide the following information if registered with a professional body

Professional body	Date of Registration	Level of Registration	PI Number (if applicable)	Expiry Date

Please give details of any previous application to register an establishment / agency as a responsible individual or manager.

Name of area to which application is made	Capacity (Responsible individual / manager)	Date of Application	Outcome (approved / refused)

**Relevant work experience**

Please give details of the relevant experience and ability you have which will enable you to manage the establishment / agency:

Management of this specific type of service

Experience of work with clients proposed

Staff management and support

Day to day administration

**Referees**

Please give the name and address of two referees:

- They must not be related to you;
- Our reference request will ask for details of your competence to provide the service for which you are applying for;
- One of the referees must be your current or last employer.

**Referee 1:** Name

Job Title

Address

Post code

Telephone number

Email address

Capacity in which you are known to referee

**Referee 2:** Name

Job Title

Address

Post code

Telephone number

Email address

Capacity in which you are known to referee

**Declaration of interest**

a)	Do you have any current financial or managerial interest in any other care service?	Yes <input type="checkbox"/> No <input type="checkbox"/>
b)	Have you ever been registered for, or been the proprietor or manager of, any care service?	Yes <input type="checkbox"/> No <input type="checkbox"/>

If **Yes**, please provide details:

Name and address of establishment / agency	Nature and extent of interest
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

**SECTION 3 – Disclosure and Declarations**

Have you ever been involved as an owner or manager of, or had a financial interest in, a voluntary or registered service whose registration has been refused or cancelled? **Yes**  **No**

If you have answered **Yes**, to the above questions, please supply below the dates, circumstances, outcomes, the name of the local authority area in which you were living and, if applicable, any social services departments from other local authorities who were involved. (Please use an additional sheet of paper if necessary)

Are you disqualified from registration as listed in the Regulation of Care Act 2013 Sections, 43, 44, 45 and 46? **Yes**  **No**

If you have answered **Yes**, please provide details:

Are you applying for an exemption from disqualification? Please see the Regulation of Care Act 2013 Section 47 **Yes**  **No**

If you have answered **Yes**, please provide details:

**Disclosure Document – Criminal convictions and Investigations**

You are required to declare any convictions, cautions, conditions / unconditional discharges and bind-overs. This includes declaring all 'spent convictions' in accordance with the Rehabilitation of Offenders Act (Exemption Order) 2001 and Rehabilitation of Offenders Act (Exemption Order) 1975 (UK).

A criminal conviction will not necessarily lead to a refusal of your application. However, failure to disclose any convictions could lead to either your application being refused or, if your application is successful, cancellation of your registration if it is subsequently learnt that you had a criminal conviction at the time you made the application.

Have you ever:

- Been convicted of a criminal offence, cautioned or bound over by any court? Yes  No
- Are you currently under police investigation? Yes  No

If **Yes**, please give details:

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In addition, please indicate whether you have ever been:

- Subject to child protection enquiry/investigation? Yes  No
- Subject to adult protection enquiry/investigation? Yes  No
- Investigation / proceeding under any Act on the Isle of Man or any Act in other jurisdictions? Yes  No
- 

Employed by, or in any way associated with, an establishment/agency which has been the subject of:

- Police investigation Yes  No
- Registration and Inspection investigation Yes  No
- Child protection investigation Yes  No
- Adult Protection investigation Yes  No

If Yes to any of the above, please give details including dates:

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Please complete and sign the declaration below:

**I hereby declare that the information detailed above is accurate to the best of my knowledge. I understand that it is an offence knowingly to make a statement which is false or misleading in a material respect in this application or any of the documents submitted with this form as part of this application.**

**In making this application for registration under the Regulation of Care Act 2013. I agree to comply with the Act and all associated regulations. I agree to comply with the standards in place for the service.**

**I understand that the Department of Health and Social Care will undertake any background searches it feels appropriate, including criminal conviction checks, personal and financial references and social service checks to ascertain suitability.**

**I understand in order to carry out the background searches the Department may seek information from the following: Social Services records, Child protection registers, Health Services, Mental Health Services, International Social Services, Ministry of Defence, previous employers, the lists kept under the Disclosure and Barring Scheme.**

**Other organisations which may be contacted include: the NSPCC, Ofsted, other previous registering authorities, the Probation Service, the Work Permit Office, Immigration, the Electoral Roll and any other organisations the Department believes it is necessary to approach in order to reach an opinion as to the suitability of an applicant.**

**Signed**

**Print Name**

**Date**

*Application forms **MUST** include all relevant documentation as per checklist.  
If evidence supporting the application is not provided, the application will **not be accepted**.*

**Issued by:** Registration and Inspection Team  
Department of Health and Social Care  
1<sup>st</sup> Floor, Belgravia House  
34-44 Circular Road  
Douglas  
Isle of Man  
IM1 1AE

Tel: +44 1624 642422

Email: [RandI@gov.im](mailto:RandI@gov.im)



## Checklist Documentation required for Manager Applications

### Helpful links:

**ROCA Minimum Standards** : <https://www.gov.im/about-the-government/departments/health-and-social-care/registration-and-inspection-team/regulation-of-care-regulations-and-standards/#accordion>

**ROCA (Registration)** – documents which must accompany or be included with an application  
<https://www.gov.im/about-the-government/departments/health-and-social-care/registration-and-inspection-team/regulation-of-care-regulations-and-standards/#accordion>

Please tick when documentation evidence to support the application is included	
<b>Documents to support application</b>	
Completed application form	<input type="checkbox"/>
Fee(s) <a href="https://www.gov.im/about-the-government/departments/health-and-social-care/registration-and-inspection-team/health-and-social-care-providers-area/">https://www.gov.im/about-the-government/departments/health-and-social-care/registration-and-inspection-team/health-and-social-care-providers-area/</a>	<input type="checkbox"/>
Current CV	<input type="checkbox"/>
Original qualification certificates	<input type="checkbox"/>
Evidence of recent safeguarding training	<input type="checkbox"/>
Evidence of relevant 1 <sup>st</sup> Aid Certificate	<input type="checkbox"/>
Medical Opinion form (attached)	<input type="checkbox"/>
Work permit if required	<input type="checkbox"/>
Recent passport sized photograph	<input type="checkbox"/>
Evidence of mandatory training ( <i>see Minimum Standards for training required</i> )	<input type="checkbox"/>
<b>Documents to support DBS &amp; ID check</b>	
Evidence of valid role specific Enhanced DBS *	<input type="checkbox"/>
If no portable DBS ( <i>an appointment to be made with R&amp;I</i> )	<input type="checkbox"/>
3 x identifying documents	
(1) passport	<input type="checkbox"/>
(2) driving licence	<input type="checkbox"/>
(3) bank statement / utility bill (dated within 3 months)	<input type="checkbox"/>
Details of last 5 years addresses	<input type="checkbox"/>
National Insurance Number	<input type="checkbox"/>

\*Pre-existing Role Specific Enhanced DBS certificates will only be accepted if they can be authenticated via the online checking service OR less than 3 months old.

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Once application completed and all supporting evidence attached, please make an appointment to attend the office for payment, submission, DBS and ID check.



# Medical opinion form

**This section to be completed by the applicant for registration to provide or manage a care service.**

Type of care service  
proposing to provide

Full Name

Date of birth

Home address

  
  

Telephone number

Name of General

Practitioner Address of

General Practitioner

  

**This section to be completed by the applicant's General Medical Practitioner or other doctor with knowledge of the applicant's health.**

In respect of the application made by the above named person, I confirm that there is nothing in the patient's available GP medical records that would give cause for concern with regard to fitness for registration.  **Yes** (Tick)

If **No** please indicate whether any cause for concern which would preclude the applicant being registered to manage or provide a care service subject to any limitations stated below.

**Signed**

**Print Name**

**Date**

Official Surgery Stamp:

**Issued by:**

**Registration and Inspection Team,  
1st Floor, Belgravia House, Circular Road,  
Douglas, IM1 1AE**