

Notes to help with completing the Application for Registration – Individual/Partnership/Body Corporate form

Section 1 – Type of Application

All applicants complete this section.

In this section we need to know about who is applying to register. The Department of Health and Social Care (DHSC) registers a 'person' to provide a care service at a particular premises. A 'person' may be an individual, a body corporate or a partnership.

Please provide name and address etc of the proposed care service in this section, e.g. 'All Day Nursery' or 'Island Care Home' and the premises where the service will be based.

Individual applicants go to Section 2

Body Corporate applicants go to Section 3

Section 2 – Applicant details: Individual / Partnership Application

- This section to be completed by:
- individual applicants
- partnership (referring to a partnership established by law; this does not include, for example, husband and wife).

This section asks for information about your name and address and how to get in touch with you. We need to know where you have lived for the last five years, including the dates you moved in and out of each address. It is important that you give the full postal address including the postcode. You should include any overseas addresses if applicable.

Please provide the details of all other addresses where you have lived in the last five years. You must provide five years of continuous addresses including any overseas addresses as applicable. Please continue on a separate sheet if necessary.

If you have lived outside the United Kingdom within the last five years, in certain circumstances we will ask you to obtain a police check or certificate of good conduct from any country in which you have lived.

You must provide an email address that is not accessed by anyone other than you or your nominated person. The email address must not be a generic email, such as info@careservice.com, that may be accessed by staff members. This is because we may need to send personal data to you which should not be read by anyone else. By ticking the 'Yes' box you consent to us sending correspondence to you via email as your preferred method.

We ask for more information on you in Section 4 and in Section 9, which requests consent to carry out checks.

We will send all legal documents and postal correspondence to the individual applicant named in this section at the address given. If you do not have a secure business address, please enter your home address here.

Partnership applicants - one person to complete their details on this application form; other partner(s) to complete their details on a 'Partnership Application form'.

Please go to section 4

Notes to help with completing the Application for Registration – Individual/Partnership/Body Corporate form

Section 3 – Applicant detail Body Corporate

This section asks for information on the body corporate that is applying to be the registered person.

To be completed by the Nominee as the body corporate's responsible person.

If you are a body corporate, including a group of individuals, applying to provide a care service, you should nominate a person to progress the application for registration and to represent the body corporate in its dealings with us. This should be a committee member, partner, director or someone in a comparable position. We will send all legal documents and correspondence to the nominated person at the body corporate's address.

If you have a name for your body corporate such as 'cooperative' please give this name. Please do not enter the provision name, for example 'All Day Pre-school' here. This name should go into Section 1 of the application.

We will send all legal documents and postal correspondence to the address entered as the body corporate's address.

We will use email to contact people.

You must provide an email address that is not accessed by anyone other than you or your nominated person. The email address must not be a generic email, such as info@careservice.com, that may be accessed by staff members. This is because we may need to send personal data to you which should not be read by anyone else. By ticking the 'Yes' box you consent to us sending correspondence to you via email as your preferred method.

We need to ask for details about all individuals who make up the body corporate. This is because the law requires us to make sure each person is suitable to provide a care service. In the table, list the full names of partners, committee members, directors applying to register as a body corporate providing a care service.

A Directors or Officers of a Body Corporate Declaration form is required to be completed by each director other than the Nominee (Responsible Person) who will complete their details on this form.

Section 3 continued on page

Section 3 continued: Applicant details body corporate

This section to be completed by the Nominee as the body corporate's 'Responsible Person'; the nominee must be an officer of the body corporate who is responsible for supervising the overall management of the service. This section asks for information about your name and address and how to get in touch with you. We will increasingly use email to contact people.

This section asks for information about your name and address and how to get in touch with you. We need to know where you have lived for the last five years, including the dates you moved in and out of each address. It is important that you give the full postal address including the postcode. You should include any overseas addresses if applicable.

Please provide the details of all other addresses where you have lived in the last five years. You must provide five years of continuous addresses including any overseas addresses as applicable. Please continue on a separate sheet if necessary.

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If you have lived outside the United Kingdom within the last five years, in certain circumstances we will ask you to obtain a police check or certificate of good conduct from any country in which you have lived.

We will use email so you must provide an email address that is not accessed by anyone other than you or your nominated person. The email address must not be a generic email, such as info@careservice.com, that may be accessed by staff members. This is because we may need to send personal data to you which should not be read by anyone else. By ticking the 'Yes' box you consent to us sending correspondence to you via email as your preferred method.

We ask for more information on you in Section 4 and in Section 9, which requests consent to carry out checks.

Please go to section 4

Section 4 –All applicants – detail continued

This section to be completed by all applicants;

- individuals
- partners
- Nominee (responsible person) on behalf of the body corporate.

This section asks about your current employment details. We also ask that you provide 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.

Section 4 continued on page 14

Section 4 - continued

All applicants please complete.

Asks about professional or care qualifications relevant to the care service being provided; and registration with professional bodies. All applicants complete if applicable.

Section 4 continued on page 15

Section 4 - continued

If you are not managing the day-to-day care for the provision; a manager must be appointed to take control of the day-to-day delivery of care. The manager must complete an Application for Registration – Manager Application form. The manager and the registered person may be the same person, but in many cases the registered person may not want to deliver the day-to-day care or may not have the qualifications, knowledge or experience to do so. As the employer, you are responsible for deciding the suitability of the manager to work or be in regular contact with service recipients.

Childminders – under relevant work experience - please complete this section and only complete 'Staff management and support' if you are employing an assistant to look after the children.

For all applicants, we need references to confirm your suitability to provide the proposed care service in your application. Please give the names and addresses of two people from whom references can be obtained. Relatives cannot give you a reference. Where possible, referees

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should be individuals who have known you in a care service role and/or for a significant period of time. Please ask your referee to reply to our request for references promptly.

Section 5 – The Service

Please go to Section 5

To be completed by all applicants.

We will use the information as a basis for discussion about registration. We will also use it to provide other agencies such as the fire authority and environmental health with information about the type of service you intend to provide.

Childminders – If you intend to look after children overnight please also details in this section and the inspector will discuss this with you during your pre-registration visit.

Section 5 continued on page 18

Section 5 - continued

All applicants please complete.

Please go to Section 6

Section 6 – Description of Premises

These questions concern the premises where you intend to provide care. You should identify premises before making an application. It is useful to have found out whether planning permission is needed before making an application as this may cause you delays.

A site plan of the interior and exterior of the property is not required from **childminder applicants**.

Childminder applicants please list; persons who have regular access to your property when childminding is taking place; any persons living, or likely at any time to be living on any premises on which the applicant is, or is likely to be childminding. Please also list any children under the age of sixteen living on the premises where you propose to childmind.
Any persons living or who have regular access to the premises to complete an online DBS check.

Section 6 continued on page 12

Section 6 – continued

Body corporate and non-residential services need only complete this section where files and documents are not held at the service.

Please go to Section 7

Notes to help with completing the Application for Registration – Individual/Partnership/Body Corporate form

Section 7 – Security Arrangements

All applicants to complete this section.

This section asks for details of security arrangements for the service; information/records and the premises.

Please go to Section 8

Section 8 – Staffing

This section asks for details of all staff aged 16 or over working for the service. To be completed by all applicants. Please complete staff details in the table or provide a separate staffing list showing the information requested in the table. Confirm whether you have or will obtain the requested information/documents for members of staff.

Childminder applicants - complete details of any assistants you will be employing, in this section.

Please go to Section 9

Section 9 – Disclosure and Declarations

You must complete this section in full, otherwise the form will be returned to you. We need to check if there are certain circumstances that will prevent you from working with or being in regular contact with service recipients, or bring into doubt your suitability. It asks you to make certain declarations and agreements and to sign the form having read and agreed to the information given.

The form will be returned if you have not signed and dated this section.

Some people are disqualified from being involved/working or providing a care service. For details of disqualification offences please reference the Regulation of Care Act 2013- Section 43, 44, 45 and 46. This can be downloaded at: <https://www.gov.im/about-the-government/departments/health-and-social-care/registration-and-inspection-team/regulation-of-care-regulations-and-standards/#accordion>

If you are applying for an exemption from disqualification – please reference the Regulation of Care Act 2013 Section 47.

Part of determining your suitability is carrying out checks, including a check with the Disclosure and Barring Service.

By signing the declaration you are consenting to us carrying out checks and using information. All applicants must pay a fee on application that is non-refundable. An application is not complete until the fee and all required documentation is received. Please read the pages below of documents which must be included with an application.

It is an offence to knowingly make a statement which is false or misleading in an application. If you do this you may be prosecuted and liable for a fine up to £5,000. By signing the form and

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declaration you are declaring that all the details in your application are true, to the best of your knowledge and belief.

Documents to be submitted with an Application for Registration

PART I – DOCUMENTS ABOUT AN APPLICANT

1. If the applicant is an individual or partnership —
 - (a) certificates or other suitable evidence relating to the applicant's professional or technical qualifications, so far as those qualifications are relevant to providing services for persons for whom services are to be provided at the establishment or by the agency (to be provided in person by the applicant);
 - (b) Disclosure and Barring Service (DBS) fee to be provided in person by the applicant;
 - (c) criminal conviction certificate (to be provided in person by the applicant);
 - (d) a report by a qualified medical practitioner on the mental and physical health of the applicant;
 - (e) the signed consent form allowing DHSC to obtain a reference from the applicant's bank expressing an opinion as to the applicant's financial standing;
 - (f) a certificate of insurance for the applicant in respect of liability which may be incurred by the applicant in relation to the establishment or agency in respect of death, injury, public liability, damage or other loss.
2. If the applicant is a body corporate —
 - (a) certificates or other suitable evidence relating to the individual proposed to be the body corporate's responsible person's professional or technical qualifications, so far as those qualifications are relevant to providing services for persons for whom services are to be provided at the care service (to be provided in person by the individual proposed to be the body corporate's responsible person);
 - (b) Disclosure and Barring Service (DBS) and fee (to be provided in person by the individual proposed to be the body corporate's responsible person);
 - (c) a criminal conviction certificate for the individual proposed to be the body corporate's responsible person (to be provided in person by the individual proposed to be the body corporate's responsible person);
 - (d) a report by a registered medical practitioner on the mental and physical health of the individual proposed to be the body corporate's responsible person's;
 - (e) The signed consent form allowing DHSC to obtain a reference from the body corporate's bank expressing an opinion as to the body corporate's financial standing;
 - (f) (f) A certificate of insurance for the body corporate in respect of liability which may be incurred by the body corporate in relation to the establishment or agency in respect of death, injury, public liability, damage or other loss.
3. If the application is for childminder registration for any person over 16 who lives, or is likely at any time to be living, on any premises on which the applicant is, or is likely to be, child minding —
 - (a) Disclosure and Barring Service (DBS) and fee (to be provided in person); and

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- (b) a criminal conviction certificate (to be provided in person).

PART II – DOCUMENTS ABOUT AN ESTABLISHMENT OR AGENCY

4. For all applicants —

- (a) a record of the policies and procedures for the care service;
- (b) a business plan for the care service;
- (c) a copy of the last two annual reports and accounts of the care service (if any);
- (d) an organisational chart for the staff employed by the care service.

5. For an establishment —

- (a) a site plan of the interior and exterior of the property;
- (b) evidence confirming compliance with the regulations on water supply and water fittings relating to safe storage and outlet temperatures to prevent *legionellosis* and scalding;
- (c) an electrical inspection certificate showing the premises comply with the current electricity at work regulations and wiring regulations;
- (d) certificate or report that shows compliance with current gas safety regulations;
- (e) a report that shows compliance with current food hygiene regulations;
- (f) a fire risk assessment and where applicable, a report on any recommendations issued by the relevant fire authority;
- (g) where applicable, a copy of the lease of the premises of the care service;
- (h) where applicable, a certificate of lift safety;
- (i) the statement of purpose of the care service.

6. The statement of purpose under paragraph 5(i) must include the following information —

- (a) the organisational structure of the care service;
- (b) whether the service requires a manager to be registered;
- (c) the relevant qualifications and experience of the registered provider and any registered manager;
- (d) the number, relevant qualifications and experience of the staff working at the care service;
- (e) the age range of service recipients that the care services intends to meet;
- (f) the range of needs that the care service intends to meet;
- (g) whether nursing is to be provided;
- (h) any criteria used for admission to the care service;
- (i) for residential care services, the numbers and sizes of the rooms in the home;
- (j) for residential care services, the arrangements made for service recipients to engage in social activities, hobbies or interests;
- (k) the arrangements made for consultation with service recipients and/ or their representative about the quality of the care service;

**Notes to help with completing the Application for
Registration – Individual/Partnership/Body Corporate form**

- (l) the fire precautions and the associated emergency procedures at the care service;
 - (m) the arrangements made for dealing with complaints about the service, including those made by staff members about quality of care and service recipient welfare issues;
 - (n) the procedures for the protection and safeguarding of children and vulnerable adults as appropriate;
 - (o) details of the arrangements for the storage and administration of medicines at the care service;
 - (p) details of the arrangements for meeting the service recipients' health needs;
 - (q) the arrangements for setting out a service recipient's plan of care and how that plan is reviewed;
 - (r) details of any specific therapeutic techniques used at the care service and arrangements made for their supervision;
 - (s) the arrangements made for service recipients to engage in their chosen faith;
 - (t) details of how the care service intends to respect privacy, dignity and promote independence and choice and, if these values are restricted either through judicial process or the service user's best interests, the arrangements in place to monitor and review such restrictions.
7. But the requirements in paragraphs 4, 5(a) to (d) and 6 (a), (b), (f), (g), (h) and (q) to (t) do not apply if the application is for childminder registration.



Department of Health and Social Care
Rheynm Slaynt as Kiarail y Theay
Application for Registration –
Individual/Partnership/Body Corporate

Please complete in BLOCK CAPITALS and in black ink.

This form should be completed by:-

- All applicants who wish to register as a provider of an independent care service.

This form should be completed by the intended registered person or a person with the authority to represent the registered person (see attached 'notes to help with completing the application for registration').

In addition, an application form should be completed by each person connected with the application including:

- The manager in charge of the day to day running of a care service (to complete an 'Application for Registration Manager' form)
- All individuals making up a body corporate – this includes: partners, directors; trustees; committee members.
- Partnership – additional partners other than the nominated person completing the form.

Please see ROCA (Registration) Regulations 2013 and the relevant Minimum Standards for your service : <https://www.gov.im/about-the-government/departments/health-and-social-care/registration-and-inspection-team/regulation-of-care-regulations-and-standards/>

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

Type of Application

Are you applying as (*please tick one box only*)

- An Individual A Partnership A Body Corporate

Description of Care Services

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 Forest School
 Children's Home
 Child (secure accommodation) establishment
 Domiciliary Care Agency

Are you intending to provide a service to children? Please tick box if yes

- Fostering Agency
 Independent Clinic
 Nurse Agency
 Offender accommodation service
 Residential Family Centre
 Voluntary Adoption Agency

SECTION 1 – General information on the Service

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

Are you currently registered with Registration and Inspection **Yes** **No**
 If **Yes**, please give the name and address of the registered service:

Name		
Address		
		Post code

Date of registration

If **No**, please give proposed date of opening of the service on the Isle of Man

Have you / the organisation ever been registered with another registration Authority as a provider of care e.g. NCSC, CQC, Ofsted? **Yes** **No**

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

Name of Registering Authority		
Address of Registering Authority		
		Post code

Name of the Registered Service		
Address of Registered Service		
		Post code

'Individual' or 'Partnership' applicants go to SECTION 2

'Body Corporate' applicants to SECTION 3

SECTION 2 – Applicant details – Individual / Partnership Application

As the Provider will you also be managing the service? Yes No

Title (*please tick one or specify*) Mr Mrs Miss Other

Full Name

Any other names by which you have been known

Date of birth:

Telephone number:

Email address:

Do you require a work permit? Yes No

Current address

	Post code

I have lived here from

Previous address (*last 5 years*)

Date from	/	/	/	Date to	/	/	/
Date from	/	/	/	Date to	/	/	/
Date from	/	/	/	Date to	/	/	/
Date from	/	/	/	Date to	/	/	/
Date from	/	/	/	Date to	/	/	/

Partnership Application

Please list below partners, if applicable. If the service is to be run by a partnership, each partner listed is to complete a form (*Registration application forms – Partner(s) Registration Application*)

<https://www.gov.im/about-the-government/departments/health-and-social-care/registration-and-inspection-team/health-and-social-care-providers-area/#accordion>

Title	First Name(s)	Surname	Date of Birth	Position	Contact with Service recipients
					Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>

Please go to Section 4

SECTION 3 – Applicant details – Body Corporate

Name of the Body Corporate	
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The registered Office / Principal office of the body corporate

Name	
Address	
	Post code
Telephone number	
Company registered number	
Email address	

If the organisation is a subsidiary of a holding company

Please provide the details of the registered or principal office of the holding company

Name	
Address	
	Post code
Telephone number	
Company registered number	
Email address	

Please provide details of any other subsidiary/ies of the holding company on a separate sheet.

Please list below all persons who are members of the body corporate making application to become the 'Registered Provider' as a body corporate including directors and trustees.

Title	First Name(s)	Surname	Date of Birth	Position

Please continue on a separate sheet if necessary.

SECTION 3 continued. Applicant details – Body Corporate

To be completed by the Nominee as the body corporate’s Responsible Person

The Nominee must be an officer of the body corporate who is responsible for supervising the overall management of the service.

Title (*please tick one or specify*) Mr Mrs Miss Ms Other

Any other names by which you have been known

Date of birth:

Telephone number:

Email address:

We will communicate with you by email unless you indicate **no** No

Do you require a work permit? Yes No

Current Home Address

	Post code

I have lived here from

Previous address (*last 5 years*)

Date from / /	Date to / /
Date from / /	Date to / /
Date from / /	Date to / /
Date from / /	Date to / /
Date from / /	Date to / /

Please go to SECTION 4

SECTION 4 – All applicants – details continued

The registered person and the manager may be the same person; if you are not the manager of the service the manager must complete an Application for Registration manager application.

Current employment details

Name of employer	
Employer address	
	Post code

Telephone number	
Job Title	
Responsibilities	

Date commenced **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.

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:

--

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:

--

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:

--

SECTION 4 – continued

Do you have or have you ever had a business interest in any other care service? Yes No

If **Yes**, please provide details:

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

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

Examples of professional bodies would include, the General Medical Council, the General Social Care or the Nursing and Midwifery Council

SECTION 4 – continued

Relevant work experience

Please complete if you are either the Responsible Person or the Provider who is also managing the service. Please give details of the relevant experience and ability you have which will enable you to manage the establishment:

Management of this specific type of service

Experience of work with service recipient group proposed

Staff management and support

Day to day administration

SECTION 5 – The Service

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 of service recipients	Proposed maximum number of service recipients

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:

SECTION 5 – continued

Please state any separate facilities for use by staff:

--

Are meals to be provided? (*this includes packed lunches*):

--

Property ownership

Please provide:

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

Name	
Address	
	Post code

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

Name	
Address	
	Post code

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

Name	
Address	
	Post code

Insurance

Please enclose 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.

Please go to Section 6

SECTION 6 – Description of premises

Please enclose a site plan of the interior and exterior of the property

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 conducted in the same premises as those of the service? Yes No

Does the premises have occupied accommodation not connected to the care 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

Other

please detail:

SECTION 6 – continued

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

Please describe arrangements that exist for:

Out of hour's emergency access

Out of hours telephone contact

Please provide the name and contact details of the principal key holder:

Please go to Section 7

SECTION 7 – 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 (*if applicable*)

Please go to Section 8

SECTION 8 – Staffing

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:

	Already obtained	Will obtain	Comments
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 referees	<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 9 – Disclosure and Declarations

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

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 or paper if necessary)*

Are you disqualified from registration as listed in the Regulated 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:

SECTION 9 – continued

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:

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 Team 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:

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

**Individual /
Responsible Person /
Partner**

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
1st Floor, Belgravia House
34-44 Circular Road
Douglas
Isle of Man
IM1 1AE

Tel: +44 1624 642422

Email: RandI@gov.im

Checklist

Documentation required for all services / agencies

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>

Provider Guidance - Statement of Purpose (SoP) preparation guidance - <https://www.gov.im/about-the-government/departments/health-and-social-care/registration-and-inspection-team/health-and-social-care-providers-area/#accordion>

Please tick when documentation evidence to support the application is included	
Completed application form	<input type="checkbox"/>
Fee(s) https://www.gov.im/about-the-government/departments/health-and-social-care/registration-and-inspection-team/health-and-social-care-providers-area/#accordion	<input type="checkbox"/>
For all applicants:	
A record of all Policies and Procedures (<i>see link to Minimum Standards above</i>)	<input type="checkbox"/>
A business plan for the care service	<input type="checkbox"/>
A copy of the last two annual reports and accounts of the care service (if any)	<input type="checkbox"/>
An organisational chart for the staff employed by the care service	<input type="checkbox"/>
Financial information consent form (<i>attached at the end of the pack</i>)	<input type="checkbox"/>
Statement of Purpose	<input type="checkbox"/>
For an establishment:	
A site plan of the interior and exterior of the property	<input type="checkbox"/>
Evidence confirming compliance with the regulations on water supply and water fittings relating to safe storage and outlet temperatures to prevent legionellosis and scalding	<input type="checkbox"/>
An electrical inspection certificate showing the premises comply with the current electricity at work regulations and wiring regulations	<input type="checkbox"/>
Certificate or report that shows compliance with current gas safety regulations	<input type="checkbox"/>
A report that shows compliance with current food hygiene regulations	<input type="checkbox"/>
A fire risk assessment and where applicable, a report on any recommendations issued by the relevant fire authority	<input type="checkbox"/>
Where applicable, a copy of the lease of the premises of the care service	<input type="checkbox"/>
Where applicable, a certificate of lift safety	<input type="checkbox"/>
The statement of purpose of the care service	<input type="checkbox"/>
Financial reference request - completed consent form	<input type="checkbox"/>
Appropriate Certificates of Insurance. For example:	
• Building and Contents	<input type="checkbox"/>

• Use of car on business	<input type="checkbox"/>
• Employer Liability	<input type="checkbox"/>
• Public Liability	<input type="checkbox"/>
Planning Approval – Planning permission has been received	<input type="checkbox"/>

Responsible Person & DBS checklist	
Curriculum Vitae	<input type="checkbox"/>
Medical Opinion form (<i>attached at the end of the pack</i>)	<input type="checkbox"/>
Passport style photo	<input type="checkbox"/>
DBS fee	<input type="checkbox"/>
Passport	<input type="checkbox"/>
Driving Licence	<input type="checkbox"/>
Utilities bill or bank statement (<i>dated within 3 months</i>)	<input type="checkbox"/>
Evidence of original qualifications	<input type="checkbox"/>

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

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

Financial Information Consent

Please complete in BLOCK CAPITALS and in black ink. This form to be completed by the applicant.

In order to consider your application, the Registration and Inspection team will need to ask your Bank Manager for a reference as to your financial standing and reliability with regard to the operation of the service proposed.

To give your consent to this would you please complete, sign and date the form below, inserting the service name and category, and enclose it with your application form so that we may approach your Bank Manager for this purpose.

To: Bank Manager

Address of Bank

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

Postcode

Telephone number

I (please print your full name)

Address

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

Postcode

hereby consent to information which you may consider pertinent to my application to be registered under the Regulation of Care Act 2013 as the Registered Person in respect of:

being released to the Registration Authority.

I understand that I am liable for any fee payable for this service.

Signed

Date

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
Email: RandI@gov.im