

# Partner(s) - Supplement to Partnership application for registration

Please complete in BLOCK CAPITALS and in black ink.

**This form should be completed by:**

This form should be completed by a partner if the service is to be run by a partnership.

Each partner should complete an application form, with one partner having completed their details on the Application for Registration—Individual/Partnership/Body Corporate form.

## SECTION 1 - General information on the Service

Name of care service	
Address of care service	
	Postcode
Telephone number	
Email address	

Are you/your care service currently registered with the Registration and Inspection Unit?      **Yes**       **No**

If **Yes**, please give the name and address of the registered service:

Name	
Address	
	Postcode
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	
	Postcode
Name of the Registered Service	
Address of Registered Service	
	Postcode

## SECTION 2 - Applicant details

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

I have lived here from  /  /

Previous Address   
  
Postcode

Date from  /  /  Date to  /  /

### Current employment details

**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.**

Name of employer

Employer address   
  
Postcode

Telephone number

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 an establishment/agency/service 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:

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

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Postcode

Telephone number

Email address

**Relevant work experience**

Please complete if either the Responsible Individual or Registered Provider will also be 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 user group proposed

Staff management and support

Day to Day administration

**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 Council or the Nursing and Midwifery Council

**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



Postcode

Telephone number

Capacity in which you are known to referee

**Referee 2:** Name

Job title

Address



Postcode

Telephone number

Capacity in which you are known to referee

**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:

**SECTION 3 - continued**

You are required to declare any convictions, cautions, conditions/unconditional discharges and bindovers. 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 Unit 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 Service 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**

**Issued by:**

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