

Declaration - Director or Trustees of a Body Corporate

Please complete in BLOCK CAPITALS and in black ink.

This form must be completed by a director or officer of the body corporate applying for registration.

SECTION 1 - Personal Information

| | | | | | | | | | | |
|------------------------------------|--------------------------|----|--------------------------|-----|--------------------------|------|--------------------------|----|-------|--|
| Title (please tick one or specify) | <input type="checkbox"/> | Mr | <input type="checkbox"/> | Mrs | <input type="checkbox"/> | Miss | <input type="checkbox"/> | Ms | Other | |
| Full name | | | | | | | | | | |
| Date of birth | / | | / | | | | | | | |
| Current Address | | | | | | | | | | |
| | Postcode | | | | | | | | | |
| Email Address | | | | | | | | | | |
| Details of Service | | | | | | | | | | |

SECTION 2 - Disclosure - Criminal Convictions and Investigations

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:

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 the application. However, failure to disclose any convictions could lead to either the application being refused or, if your application is successful, cancellation of the registration if it is subsequently learnt that you had a criminal conviction at the time you made the application.

- 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 Enforcement **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 declarations 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.

*** For Directors involved with services which provide childcare a permission form to enable checks to be undertaken by Social Services must be completed.**

Signed

Print name

Date

Issued by:

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

Tel: +44 1624 642422

Email: RandI@gov.im

| Checklist - Director | Tick Box |
|---|--------------------------|
| Documents to support application | |
| Completed director's application form | <input type="checkbox"/> |
| Passport sized photograph | <input type="checkbox"/> |
| Documents to support DBS and ID check | |
| Passport | <input type="checkbox"/> |
| Driving licence | <input type="checkbox"/> |
| Utility bill or bank statement (<i>dated within 3 months</i>) | <input type="checkbox"/> |
| DBS certificate (<i>dated within 3 months</i>) | <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 submission, DBS and ID check.