

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

Address

Postcode

Telephone number

Company registered number

Email address

Date of registration

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

1. Name of care service

Address

Postcode

2. Name of care service

Address

Postcode

3. Name of care service

Address

Postcode

Only complete this section if there are changes to provider details that the Registration and Inspection Team 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	<div style="border: 1px solid black; height: 20px;"></div>
Address	<div style="border: 1px solid black; height: 20px;"></div>
	<div style="border: 1px solid black; height: 20px;"></div>
	Postcode

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

Name	<div style="border: 1px solid black; height: 20px;"></div>
Address	<div style="border: 1px solid black; height: 20px;"></div>
	<div style="border: 1px solid black; height: 20px;"></div>
	Postcode

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

Name	<div style="border: 1px solid black; height: 20px;"></div>
Address	<div style="border: 1px solid black; height: 20px;"></div>
	<div style="border: 1px solid black; height: 20px;"></div>
	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:

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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**:

	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 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

Checklist for new service providers	Tick
Completed application form	<input type="checkbox"/>
Fees (link) https://www.gov.im/about-the-government/departments/health-and-social-care/registration-and-inspection-team/health-and-social-care-providers-area/	<input type="checkbox"/>
A business plan for the care service	<input type="checkbox"/>
A record of the policies and procedures for the 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"/>
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 showings 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 a report on any recommendations issued by the relevant fire authority if required	<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"/>
Appropriate Certificates of Insurance. For example:- * Building and Contents * Use of car on business * Employer Liability * Public Liability	<input type="checkbox"/>
Planning approval - Planning permission has been received	<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 and submission of application.

Email: Randi@gov.im
Tel: (01624) 642422