

# Amendment of Registration Application

Please complete in BLOCK CAPITALS and in black ink.

**This form should be completed by: -**

- the registered provider or a person with the authority to represent the registered provider

## Section 1 - Service Provider

Name of care service

Address of care service

  
  

Telephone number

Email address

**Name of Registered Provider**

Address (if different from service address)

  
  

Telephone number

Email address

**Amendment sought** (please tick):

- to amend any decided condition of registration
- make a responsible person change (for providers who are a body corporate)
- amend registration to reflect a change to a person's name
- The address of the premises at which the care service is carried on (if the care service is an agency care service or childminding)

I am the property owner

I lease the property

**Details of the amendment sought:**

Please continue overleaf

**Details of the amendment sought continued:**

**Section 2 - Application declaration**

I declare that the information given in this application is, to the best of my/our knowledge and belief, complete and correct. I hereby apply for the service's registration details under the Regulation of Care Act 2013 to be amended accordingly.

**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](mailto:RandI@gov.im)

<b>Checklist for service providers amending registration</b>	<b>Tick</b>
<b>Documents to support application</b>	
Completed application form	<input type="checkbox"/>
Application fee (link) <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"/>
Where applicable, landlord's confirmation for amendment	<input type="checkbox"/>
Where applicable, a copy of the lease of the premises of the care service	<input type="checkbox"/>
Planning approval - Planning permission has been received	<input type="checkbox"/>
Amended Statement of purpose of the care service	<input type="checkbox"/>
<b>Appropriate Certificates of Insurance. For example:-</b>	
* Building and Contents	<input type="checkbox"/>
* Use of car on business	<input type="checkbox"/>
* Employer Liability	<input type="checkbox"/>
* Public Liability	<input type="checkbox"/>
<b>Documents to support DBS &amp; ID check (<i>for responsible person and/or name change</i>)</b>	
Valid role specific DBS certificate	<input type="checkbox"/>
Passport sized photograph	<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"/>
Work permit if required	<input type="checkbox"/>
Marriage certificate ( <i>reflect a person's name change</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 payment and submission of application.