

Notification of change to Registration

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

Documents that must be enclosed with this form -

- Statement of Purpose to incorporate the proposed change
- Assessment of the service recipient (only if the change is result of an emergency)
- Declaration/s—Directors or Trustees of a Body Corporate

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

Change of purpose

Notification of change (please tick):

- The age range of needs of service recipients that the care service intends to meet
- The range of needs of service recipients that the care service intends to meet
- The premises of the Care Service are significantly altered or extended, or additional premises are acquired
- There is any change in the partnership if the requested provider is a partnership if the registered provider is a body corporate
- The name or address of the body corporate is changed
- There is any change of director, manager, secretary or other similar officer of the body
- If the requested provider is an individual, a trustee in bankruptcy is appointed
- A receiver, liquidator or provisional liquidator is appointed if the registered provider is a body corporate or Partnership

Please continue overleaf

Notice must be given -

- (a) no later than 4 weeks before the proposed change takes effect; or
- (b) within such shorter period (if any) before that date as may be agreed with DHSC; or
- (c) the change is a result of an emergency.

If (b) applies, notice must be given no later than the beginning of the period agreed.

If (c) applies, notice must be given -

- (i) no later than 48 hours after the change takes effect; or
- (ii) if that is impracticable, as soon as possible thereafter.

Date proposed change to take effect

Details of the proposed change:

Details of how the care service intends to meet any proposed change

Declaration

I declare that the information given in this application is, to the best of my/our knowledge and belief, complete and correct.

Signed

Print Name

Position

Date

Checklist

Documentation required for services notifying of change to registration

Helpful Links

Registration application forms - **Declaration – Director or Trustees of a Body Corporate**

- <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 (see IOM DHSC R&I website)	<input type="checkbox"/>
Updated Statement of Purpose of the care service	<input type="checkbox"/>
Planning approval - planning permission has been received	<input type="checkbox"/>
Declaration(s) – Director or Trustees of a Body Corporate	<input type="checkbox"/>
Change of director, manager or other similar officer of the body – DBS and ID check	
Curriculum Vitae	<input type="checkbox"/>
Passport style photo	<input type="checkbox"/>
DBS (dated within 3 months)	<input type="checkbox"/>
Passport	<input type="checkbox"/>
Driving licence	<input type="checkbox"/>
Utilities bill or bank statement (dated within 3 months)	<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.