

Current employment details

Name of employer			
Employer address			
	Postcode		
Telephone number			
Job Title			
Responsibilities			
Date commenced	/ /	Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>

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.

If you already manage the establishment/agency to which this application applies, please state date commenced / /

Will you also be responsible for the management of any other establishment/ agency/service not included in this application? Yes No

If **Yes**, please provide details

Have you ever been employed by a person 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:

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Have you ever been employed by a registered care establishment/agency/service?

Yes

No

If **Yes**, please provide details

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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

Please give details of any previous application to register an establishment/agency as a responsible individual or manager.

Name of area to which application is made	Capacity (Responsible individual/ manager)	Date of Application	Outcome (approved/refused)

Relevant work experience

Please give details of the relevant experience and ability you have which will enable you to manage the establishment/ agency:

Management of this specific type of service

Experience of work with clients proposed

Staff management and support

Day to day administration

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

<input type="text"/>
<input type="text"/>
Postcode

Telephone number

Capacity in which you are known to referee

Referee 2: Name

Job title

Address

<input type="text"/>
<input type="text"/>
Postcode

Telephone number

Capacity in which you are known to referee

Declaration of interests

a) Do you have any current financial or managerial interest in any other care service?

Yes

No

b) Have you ever been registered for, or been the proprietor or manager of, any care service?

Yes

No

If **YES** please provide details:

Name and address of establishment/agency	Nature and extent of interest
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

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:

Disclosure Document - Criminal Convictions & Investigations

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:

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 - Manager	Tick Box
Completed application form	<input type="checkbox"/>
Application fee https://www.gov.im/about-the-government/departments/health-and-social-care/registration-and-inspection-unit/fees-for-all-care-services/	<input type="checkbox"/>
Current CV	<input type="checkbox"/>
Recent Passport Sized Photograph	<input type="checkbox"/>
3 x Identifying documents *	<input type="checkbox"/>
Valid Role specific DBS certificate **	<input type="checkbox"/>
Completed DBS Application form and fee (if applicable)	<input type="checkbox"/>
Original Qualification certificates	<input type="checkbox"/>
Evidence of Safeguarding Training	<input type="checkbox"/>
Area specific 1 st Aid Certificate	<input type="checkbox"/>
Medical Opinion form completed and signed by a GP	<input type="checkbox"/>
Work permit if required	<input type="checkbox"/>
<p>*Identifying documents must consist of at least one photographic document and one document confirming your current address, which must be less than 3 months old.</p> <p>**Pre-existing DBS certificates will only be accepted if they can be authenticated via the online checking service OR they are less than 3 months old.</p> <p>For any additional information please visit our website: https://www.gov.im/about-the-government/departments/health-and-social-care/registration-and-inspection-unit/registration-application-forms/</p> <p>or call: 01624 642422</p>	