


DCD Partnership	Health Information and Quality Authority (HIQA) Application to register a designated centre for persons (children and adults) with disabilities (DCD)	 Health Information and Quality Authority <small>An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte</small>
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Designated centre name (Max. 100 Characters)	
Centre ID (OSV)	
Partnership's name	
Email (for billing purposes only)	

Please check this registration pack applies to you.

You should make sure:

- ☐ You are applying to **register** a designated centre.
- ☐ The applicant is a **partnership**.
- ☐ You are providing a residential service for persons with **disabilities** (DCD).

Your registration pack is made up of three sections.


We will process your application on receipt of:

- **Section 1.** Application Form (including statement of purpose and floor plans), and
- **Section 2.** Application Fee.

Your application should also be accompanied by:

- **Section 3.** Prescribed Information.

Please read our guidance when completing each section. Our guidance is available to download from our website www.hiqa.ie.

DCD Section 1	Health Information and Quality Authority Application form	 Health Information and Quality Authority <small>An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte</small>
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Section 1.1 Designated centre details			
Centre address			
Eircode			
Centre phone number			
Fax number (if applicable)	<input type="checkbox"/> N/A		
Website (if applicable)	<input type="checkbox"/> N/A		
Proposed date of establishment (if applicable)	<input type="checkbox"/> N/A		
Please state the maximum number of residents that can be accommodated at the designated centre.	<input type="checkbox"/>		
What is the number of beds at the designated centre you are applying to register ?			
Who will be accommodated?	Adults <input type="checkbox"/>	Children <input type="checkbox"/>	

Section 1.1 Designated centre details

What type of **service provider** will carry on the business of the designated centre? Please tick one or more boxes:

- A person who has an arrangement under section 38 of the Health Act 2004 to provide a personal social service on behalf of the HSE. ☐
- A person who is in receipt of assistance under section 39 of the Health Act 2004. ☐
- A person who is a service provider under the Child and Family Agency Act 2013. ☐
- Other ☐

If you have ticked other or more than one option above, please provide details.

Please tick if you are a registered charity:

☐

Section 1.2 Facilities and Services

Please state if the designated centre comprises one or more **buildings**? Please tick **one** box and complete either subsection 1.2.1 **or** subsection 1.2.2

Subsection 1.2.1 Designated centre is comprised of **one** building. ☐

Subsection 1.2.2 Designated centre is comprised of **more** than one building. ☐

Subsection 1.2.1 Designated centre is comprised of **one** building

Is the applicant owner or tenant? Owner ☐ Tenant ☐

If you ticked **tenant**, please state the owner's name and address (including Eircode).

Please state the start and end date of the lease agreement

Start date	End date
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Will the **applicant** or any **staff member reside** at the designated centre?

Applicant	Yes <input type="checkbox"/> No <input type="checkbox"/>
Staff member	Yes <input type="checkbox"/> No <input type="checkbox"/>

If the designated centre is comprised of one building, **do not complete subsection 1.2.2 or subsection 1.2.3**, please go to section 1.3 (page 8).

Subsection 1.2.2 Designated centre is comprised of **more** than one building

How **many** buildings does the designated centre comprise?

Please complete '**subsection 1.2.3 building details**' for each building where the designated centre is comprised of more than one building.

Subsection 1.2.3 Building details

Building 1.

Building address			
Eircode			
Who will be accommodated?	Adults <input type="checkbox"/>	Children <input type="checkbox"/>	
Number of beds in this building you are applying to register			
Is the applicant owner or tenant?	Owner <input type="checkbox"/>	Tenant <input type="checkbox"/>	
If you ticked tenant , please state the owner's name and address			
Eircode			
Please state the start and end dates of the lease agreement	Start date	End date	
Will the applicant or any staff member reside at the building?	Applicant	Yes <input type="checkbox"/>	<input type="checkbox"/> No
	Staff member	Yes <input type="checkbox"/>	<input type="checkbox"/> No

Subsection 1.2.3 Building details (cont.)

Building 2.

Building address			
Eircode			
Who will be accommodated?	Adults <input type="checkbox"/>	Children <input type="checkbox"/>	
Number of beds in this building you are applying to register			
Is the applicant owner or tenant?	Owner <input type="checkbox"/>	Tenant <input type="checkbox"/>	
If you ticked tenant , please state the owner's name and address			
Eircode			
Please state the start and end dates of the lease agreement.	Start date	End date	
Will the applicant or any staff member reside at the building?	Applicant	Yes <input type="checkbox"/>	<input type="checkbox"/> No
	Staff member	Yes <input type="checkbox"/>	<input type="checkbox"/> No

Subsection 1.2.3 Building details (cont.)

Building 3.

Building address			
Eircode			
Who will be accommodated?	Adults <input type="checkbox"/>	Children <input type="checkbox"/>	
Number of beds in this building you are applying to register			
Is the applicant owner or tenant?	Owner <input type="checkbox"/>	Tenant <input type="checkbox"/>	
If you ticked tenant , please state the owner's name and address.			
Eircode			
Please state the start and end dates of the lease agreement.	Start date	End date	
Will the applicant or any staff member reside at the building?	Applicant	Yes <input type="checkbox"/>	<input type="checkbox"/> No
	Staff member	Yes <input type="checkbox"/>	<input type="checkbox"/> No

If your designated centre comprises of more than three buildings, please continue on a separate photocopy of section 1.2.3.

Section 1.3 Applicant (Partnership)

Partnership **name**

Subsection 1.3.1

Has the partnership submitted their partnership details with another application to register?

Yes ☐ No ☐

If you ticked '**Yes**'

Please go to subsection 1.3.2 (page 8).

If you ticked '**No**'

Please go to subsection 1.4.1 (page 9), subsection 1.4.2 (page 10) and subsection 1.4.3 (page 11).

Subsection 1.3.2

Has there been any change to the partnership information previously submitted to us?

Yes ☐ No ☐

If you ticked '**Yes**'

Please go to section 1.4 (page 9) and complete the section in full including updated information, subsection 1.4.1 (page 9), subsection 1.4.2 (page 10) and subsection 1.4.3 (page 11).

If you ticked '**No**'

Please go to section 1.4.1, complete section 1.4.1 (page 9), then go to section 1.5 (page 12).

Section 1.4 Applicant's details (Partnership)

Address of the principle place of business of the partnership	
Eircode	
Phone number of the principle place of business of the partnership	
Email address of the partnership	
Number of partners in the partnership?	
Subsection 1.4.1 Registered Provider Representative*	
Name of the registered provider representative	(Name and Surname)
Business phone number for the registered provider representative (during office hours)	
Business mobile number for the registered provider representative	
Business email address for the registered provider representative	

* For a definition of the Registered Provider Representative please read our guidance available to download from our website www.hiqa.ie.

Subsection 1.4.2 Partnership authorisation

Please select from **one** of the following options.

1.	Each partner named in this section is independently authorised to act on behalf of the partnership.	<input type="checkbox"/>
2.	All partners must jointly act on behalf of the partnership.	<input type="checkbox"/>

Please state the name or names of the **partner** or **partners** that have been authorised by the partnership to act on behalf of the partnership.

Name	Surname
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

Please continue on a separate photocopy of this section, if necessary.

Subsection 1.4.3 Partnership authorisation declaration

All partners must sign the partnership authorisation declaration

We, the undersigned partners, authorise each partner named in subsection 1.4.2 (page 10) to act on behalf of the partnership in relation to the registration or renewal of registration of a designated centre.

Name and Surname	Signature	Date
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

Please continue on a separate photocopy of this section, if necessary.

Section 1.5 Management and staff details

Name of the person in charge [†] of the designated centre	
Name or names of each person participating in management [†] at the designated centre and if Portal Access is required Please continue on a separate photocopy of this section, if necessary.	

[†] Please read our guidance for the definition of a person in charge and a person participating in management. Our guidance is available to download from our website www.hiqa.ie.

Section 1.5 Management and staff details

Please state the name of the person who will be responsible for the management of the designated centre during planned periods of absence.

Please provide the arrangements for the management of the designated centre when the person in charge is absent (for less than 28 days).

Section 1.6 Contact person

Name of the contact person [‡] (for the purpose of processing the registration pack)	
Business phone number (during office hours)	
Business mobile number (optional)	
Business email address	
What is the person's role ?	

[‡] Please read our guidance for the definition of a contact person. Our guidance is available to download from our website www.hiqa.ie.

Section 1.7 Information you must submit with your application form

A complete [§] application must include the following information:	Enclosed
<p>1. A copy of final floor plans as built to scale, for each building that comprises the designated centre. Floor plans are not required to be drawn up by an architect or to planning authority standard.</p> <p>On the plans you must:</p> <ul style="list-style-type: none"> ▪ Outline in red all parts of the designated centre. ▪ Outline in blue all overnight accommodation (bedrooms). 	<input type="checkbox"/>
<p>2. You must enclose a copy of the statement of purpose and function with this application.</p>	<input type="checkbox"/>
<p>3. You must enclose proof of payment of application fees in the form of an Electronic Funds Transfer (EFT) with this application.</p>	<input type="checkbox"/>

Section 1.8 Readiness of site for assessment and decision

By ticking this box the applicant confirms that at the time this application is submitted the site is ready for assessment and decision^{**}

☐

Please note that in the event that the site is not ready for assessment and decision the application will be refused.

[§] You must submit a complete application as per the Health Act 2007 and regulations thereunder.


^{**} For more detailed guidance please refer to the Registration renewal and variation application handbook which is available on our website www.hiqa.ie.

Section 1.9 Declaration by the applicant (Partnership)

I, the undersigned, having been authorised to do so, declare on behalf of the partnership that the information I have provided in this application form is true to the best of my knowledge and belief.

Name (print)	
Position	Partner <input type="checkbox"/> Authorised signatory for and on behalf of the partnership ^{††} <input type="checkbox"/>
Signed	
Date	
Contact number (during office hours)	

^{††} A letter of authorisation notifying the Chief Inspector of the appointment of an authorised signatory must be sent by post in advance of the authorised signatory exercising signing authority. This letter must contain certain information, which is set out in our Regulatory Notice, which is available to download from our website www.hiqa.ie

DCD Section 2	Health Information and Quality Authority Application fee^{††}	 Health Information and Quality Authority An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte
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Section 2.1 What is the application fee?

The application fee must accompany your application.	Paid	Date paid
Application to register	€500	<input type="checkbox"/>


Section 2.2 How to pay the application fee?

You should:

- **Pay** via Electronic Funds Transfer (EFT).
- **Quote** the following information to the bank when making your payment.

Centre ID (OSV)	This number has been issued to you by HIQA
Centre name	Name of the designated centre.
Account name	Health Information and Quality Authority
Bank name and address	Danske Bank, 3 Harbourmaster Place, IFSC, Dublin 1, D01 K8F1
Bank sort code	95-15-99
Account number	80006688
IBAN	IE94 DABA 9515 9980 0066 88
Swift/BIC	DABA IE 2D

^{††} Each application **must** be accompanied by an application fee as per the Health Act 2007 and regulations thereunder.

DCD Section 3	Health Information and Quality Authority Prescribed information	 Health Information and Quality Authority <small>An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte</small>
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Section 3.1 Prescribed information for the applicant (Partnership)

The following prescribed information must accompany your application form, unless recently submitted:	Enclosed	Recently submitted
1. Copy of photo identification for each partner.	<input type="checkbox"/>	<input type="checkbox"/>
2. HIQA National Vetting Bureau Invitation Form completed by each partner. ^{††}	<input type="checkbox"/>	<input type="checkbox"/>
3. Details of any previous experience by the partners of carrying on the business of a designated centre (if applicable). n/a <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>If you have ticked the 'recently submitted' box above, please provide the centre name, centre ID (OSV), and the date the documentation was submitted. Documents must be valid within a three-year period. ^{§§}</p>		

^{††} HIQA National Vetting Bureau Invitation Form to be completed by each partner is enclosed with your registration pack.

^{§§} Please read our guidance for an explanation of recently submitted and valid documentation. Our guidance is available to download from our website www.hiqa.ie.

Section 3.2 Prescribed information for the person in charge (PIC)

The following prescribed information for the PIC must accompany your application form:	Enclosed	Recently submitted
1. Personal information form. ♦	<input type="checkbox"/>	<input type="checkbox"/>
2. Copy of current photo identification.	<input type="checkbox"/>	<input type="checkbox"/>
3. Copy of the person's birth certificate.	<input type="checkbox"/>	<input type="checkbox"/>
4. Copy of a current Garda vetting report or disclosure for the person.	<input type="checkbox"/>	<input type="checkbox"/>
5. Copy of the person's relevant qualifications as identified in the personal information form.	<input type="checkbox"/>	<input type="checkbox"/>
6. Two HIQA reference forms, ♦ one form must be completed by the person's previous employer.	<input type="checkbox"/>	<input type="checkbox"/>
7. Medical declaration form. ♦	<input type="checkbox"/>	<input type="checkbox"/>
<p>If you have ticked the 'recently submitted' box above, please provide the centre name, centre ID (OSV), and the date the documentation was submitted. Documents must be valid within a three-year period. ***</p>		

♦ This form is enclosed with your registration pack.

*** Please read our guidance for an explanation of recently submitted and valid documentation. Our guidance is available to download from our website www.hiqa.ie.

Section 3.3 Prescribed information for each person participating in management (PPIM)

The following prescribed information [◇] for each PPIM must accompany your application form:	Enclosed	Recently submitted
1. Personal information form. [◇]	<input type="checkbox"/>	<input type="checkbox"/>
2. Copy of current photo identification.	<input type="checkbox"/>	<input type="checkbox"/>
3. Copy of the person's birth certificate.	<input type="checkbox"/>	<input type="checkbox"/>
4. Copy of a current Garda vetting report/disclosure for the person.	<input type="checkbox"/>	<input type="checkbox"/>
5. Copy of the person's relevant qualifications as identified in the personal information form.	<input type="checkbox"/>	<input type="checkbox"/>
6. Two HIQA reference forms, [◇] one form must be completed by the person's previous employer.	<input type="checkbox"/>	<input type="checkbox"/>
7. Medical declaration form. [◇]	<input type="checkbox"/>	<input type="checkbox"/>
If you have ticked the ' recently submitted ' box above, please provide the centre name, centre ID (OSV), and the date the documentation was submitted. Documents must be valid within a three-year period. ^{†††}		

[◇] This form is enclosed with your registration pack.

^{†††} Please read our guidance for an explanation of recently submitted and valid documentation. Our guidance is available to download from our website www.hiqa.ie.

Section 3.4 Prescribed information for the designated centre

You must send us the following prescribed information with your application. Documentation should be dated currently, that is to say, the date is current or the document has not expired.	Enclosed
1. Evidence that the designated centre complies with the planning and development acts and any building byelaws that may be in force.	<input type="checkbox"/>
2. A copy of the written guide produced for residents and an example of any brochure or advertisement used or to be used for the designated centre.	<input type="checkbox"/>
3. A copy of any contracts of insurance.	<input type="checkbox"/>

You should **post** your registration pack to:

Registration Office
Regulatory Support Services
Health Information and Quality Authority
Unit 1301, City Gate
Mahon, Cork
T12 Y2XT

Telephone no: (021) 240 9340

Email: registration@hiqa.ie