


<b>DCSC Statutory Body</b>	<b>Health Information and Quality Authority (HIQA)</b>  Application to <b>register</b> a designated centre - <b>special care unit (DCSC)</b>	 <b>Health Information and Quality Authority</b> <small>An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte</small>
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Designated centre name	
Designated centre ID (OSV)	
Applicant's name (statutory body's name)	

**Please check this registration pack applies to you.**

You should make sure:

- You are applying to **register** a designated centre
- The applicant is a **statutory body** established under the Health Acts 1947 to 2013 or the Health Corporate Bodies Act 1961.
- You are carrying on the business of a special care unit (DCSC).

**This 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)
- **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](http://www.hiqa.ie)

<b>DCSC</b> <b>Section 1</b>	Health Information and Quality Authority <b>Application Form</b>	 Health Information and Quality Authority <small>An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte</small>
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Section 1.1 Designated centre details		For official use
Centre address		<input type="checkbox"/>
Eircode		<input type="checkbox"/>
Centre phone number		<input type="checkbox"/>
Fax number (if applicable)	n/a <input type="checkbox"/>	<input type="checkbox"/>
Email (if applicable)	n/a <input type="checkbox"/>	<input type="checkbox"/>
Website (if applicable)	n/a <input type="checkbox"/>	<input type="checkbox"/>
Proposed date of establishment (if applicable)	n/a <input type="checkbox"/>	<input type="checkbox"/>
What is the number of beds at the designated centre you are applying to <b>register</b> ?		<input type="checkbox"/>
Is the special care unit currently a special care unit carried out in accordance with section 48 of the Child Care (Amendment) Act 2011	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>

Section 1.1 Designated centre details		For official use
What is the <b>category</b> of special care unit? Please <b>tick</b> the relevant box.		
<ul style="list-style-type: none"> <li>A Special Care Unit provided by the Child and Family Agency <input type="checkbox"/></li> </ul>	<input type="checkbox"/>	
<ul style="list-style-type: none"> <li>A Special Care Unit provided on behalf of the Child and Family Agency (Health Act Section 38 Arrangement) <input type="checkbox"/></li> </ul>		
<ul style="list-style-type: none"> <li>A Special Care Unit provided on behalf of the Child and Family Agency (Health Act Section 39 Assistance) <input type="checkbox"/></li> </ul>		

Section 1.2 Facilities and Services		For official use
Please state if the designated centre comprises one or more <b>buildings</b> ? Please tick <b>one</b> box and complete either subsection 1.2.1 <b>or</b> 1.2.2		
Subsection 1.2.1	Designated centre is comprised of <b>one</b> building <input type="checkbox"/>	
Subsection 1.2.2	Designated centre is comprised of <b>more</b> than one building <input type="checkbox"/>	

Subsection 1.2.1 Designated centre is comprised of <b>one</b> building			For official use
Is the applicant owner or tenant?	Owner <input type="checkbox"/>	Tenant <input type="checkbox"/>	<input type="checkbox"/>
If you ticked <b>tenant</b> , please state the owner's name and address (including Eircode)			<input type="checkbox"/>
Please state the start and end dates of the lease agreement	Start date	End date	<input type="checkbox"/>
Will the <b>applicant</b> or any <b>staff member</b> reside at the centre?	Applicant	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
	Staff member	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is the designated centre purpose-built?	Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>
If the designated centre is comprised of one building, <b>do not complete subsection 1.2.2 or subsection 1.2.3</b> , please go to section 1.3 (page 8)			

Subsection 1.2.2 Designated centre is comprised of <b>more</b> than one building		For official use
How <b>many</b> buildings does the designated centre comprise?		<input type="checkbox"/>

Subsection 1.2.2 Designated centre is comprised of <b>more</b> than one building		For official use
Is the designated centre purpose-built?	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
Please complete subsection 1.2.3 building details for <b>each</b> building where the designated centre is comprised of more than one building.		

Subsection 1.2.3 Building details			For official use
<b>Building 1</b>			
Building address			<input type="checkbox"/>
Eircode			<input type="checkbox"/>
Number of beds in this building you are applying to register			<input type="checkbox"/>
Is the applicant owner or tenant?	Owner <input type="checkbox"/>	Tenant <input type="checkbox"/>	<input type="checkbox"/>
If you ticked <b>tenant</b> , please state the owner's name and address			<input type="checkbox"/>
Eircode			<input type="checkbox"/>
Please state the start and end dates of the lease agreement	Start date	End date	<input type="checkbox"/>
Will the applicant or any staff member reside at the building?	Applicant	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
	Staff member	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>

Subsection 1.2.3 Building details (cont.)			For official use
<b>Building 2</b>			
Building address			<input type="checkbox"/>
Eircode			<input type="checkbox"/>
Number of beds in this building you are applying to register			<input type="checkbox"/>
Is the applicant owner or tenant?	Owner <input type="checkbox"/>	Tenant <input type="checkbox"/>	<input type="checkbox"/>
If you ticked <b>tenant</b> , please state the owner's name and address			<input type="checkbox"/>
Eircode			<input type="checkbox"/>
Please state the start and end dates of the lease agreement	Start date	End date	<input type="checkbox"/>
Will the applicant or any staff member reside at the building?	Applicant	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
	Staff member	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>

Subsection 1.2.3 Building details (cont.)			For official use
<b>Building 3</b>			
Building address			<input type="checkbox"/>
Eircode			<input type="checkbox"/>
Number of beds in this building you are applying to register			<input type="checkbox"/>
Is the applicant owner or tenant?	Owner <input type="checkbox"/>	Tenant <input type="checkbox"/>	<input type="checkbox"/>
If you ticked <b>tenant</b> , please state the owner's name and address			<input type="checkbox"/>
Eircode			<input type="checkbox"/>
Please state the start and end dates of the lease agreement	Start date	End date	<input type="checkbox"/>
Will the applicant or any staff member reside at the building?	Applicant	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
	Staff member	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>

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

Section 1.3 Applicant details (statutory body)		For official use
Statutory body's name		<input type="checkbox"/>
<b>Address</b> of the office of the statutory body		<input type="checkbox"/>
Eircode		<input type="checkbox"/>
<b>Phone</b> number of the office of the statutory body		<input type="checkbox"/>
<b>Email</b> address of the statutory body		<input type="checkbox"/>

Section 1.3.1 Registered Provider Representative		For official use
<b>Name</b> of the registered provider representative	(Title, Name, Surname)	<input type="checkbox"/>
<b>Business phone</b> number for the registered provider representative (during office hours)		<input type="checkbox"/>
<b>Business mobile</b> number for the registered provider representative		<input type="checkbox"/>
<b>Business email</b> address for the registered provider representative		<input type="checkbox"/>



Section 1.4 Person responsible for the application* on behalf of the statutory body		For official use
<b>Name</b> of the person responsible on behalf of the statutory body	(Title, Name, Surname)	<input type="checkbox"/>
<b>Role</b> in relation to the designated centre		<input type="checkbox"/>
<b>Business address</b> of the person responsible		<input type="checkbox"/>
Eircode		<input type="checkbox"/>
Business <b>phone</b> number of the person responsible (during office hours)		<input type="checkbox"/>
Business <b>mobile</b> number (optional)		<input type="checkbox"/>
Business <b>email</b> address of the person responsible		<input type="checkbox"/>

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\* Please read our guidance for a definition of the “person responsible for the application” on behalf of the statutory body. Our guidance is available to download from our website [www.higa.ie](http://www.higa.ie)

Section 1.5 Management and staff details		For official use
Name of the <b>person in charge</b> <sup>†</sup> of the designated centre		<input type="checkbox"/>
Name or names of each <b>person participating in management</b> * at the designated centre  Please continue on a separate photocopy of this section, if necessary.		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

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<sup>†</sup> 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 at [www.higa.ie](http://www.higa.ie)

Section 1.6 Contact person		For official use
<b>Name</b> of the contact person <sup>†</sup> (for the purpose of processing the registration pack)		<input type="checkbox"/>
<b>Business phone</b> number (during office hours)		<input type="checkbox"/>
<b>Business mobile</b> number (optional)		<input type="checkbox"/>
<b>Business email</b> address		<input type="checkbox"/>
What is the person's <b>role</b> ?		<input type="checkbox"/>

Section 1.7 Information you must submit with your application form	
A complete <sup>§</sup> application <b>must</b> include the following information.	Enclosed
<p>1. A copy of final <b>floor plans</b> with a scale. These are not required to be drawn up by an architect, or to planning authority standard. On the plans you must:</p> <ul style="list-style-type: none"> <li>Outline in <b>red</b> all parts of the designated centre.</li> <li>Outline in <b>blue</b> all overnight accommodation (bedrooms).</li> </ul>	<input type="checkbox"/>
2. You must enclose a <b>copy of the statement of purpose and function</b> with this application.	<input type="checkbox"/>


<sup>†</sup> Please read our guidance for the definition of a contact person. Our guidance is available to download from our website [www.hiqa.ie](http://www.hiqa.ie)

<sup>§</sup> You must submit a complete application form as per the Health Act 2007 and regulations thereunder

Section 1.8 Readiness of site for assessment and decision	For official use
<p>By ticking this box the applicant confirms that at the time this application is submitted the site is ready for assessment and decision**</p> <p>Please note that in the event that the site is not ready for assessment and decision the application will be refused.</p>	<p><input type="checkbox"/></p>

Section 1.9 Declaration by the applicant (statutory body)	For official Use
<p>I, the undersigned, having been authorised to do so, declare on behalf of the statutory body, that the information I have provided in this application form is true to the best of my knowledge and belief</p>	
Name (print)	<input type="checkbox"/>
Position	<p>Person responsible <input type="checkbox"/></p>
Signed	<input type="checkbox"/>
Date	<input type="checkbox"/>
Contact number (during office hours)	<input type="checkbox"/>

\*\* For more detailed guidance please refer to the Registration renewal and variation application handbook which is available on our website [www.hiqa.ie](http://www.hiqa.ie).

<b>DCSC</b> <b>Section 2</b>	Health Information and Quality Authority <b>Application Fee<sup>††</sup></b>	 <b>Health Information and Quality Authority</b> <small>An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte</small>
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### Section 2.1 How much is the application fee?

The application fee <b>must</b> 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

<sup>††</sup> Each application form **must** be accompanied by an application fee as per the Health Act 2007 and regulations thereunder.

<b>DCSC</b> <b>Section 3</b>	Health Information and Quality Authority <b>Prescribed Information</b>	 <b>Health Information and Quality Authority</b> <small>An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte</small>
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### Section 3.1 Prescribed information for the statutory body

The following prescribed information **must** accompany your application form, unless recently submitted:

Enclosed

Recently submitted

1. **Proof of identity** for the person responsible on behalf of the statutory body

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If you have ticked '**recently submitted**', please provide the centre name, designated centre ID (OSV), and date the documentation was submitted. Documents must be **valid**.<sup>\*\*</sup>

<sup>\*\*</sup> Please read our **guidance** for an explanation of recently submitted and valid documentation. Our guidance is available to download from our website [www.higa.ie](http://www.higa.ie)

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

The following prescribed information for the PIC <b>must</b> accompany your application form, unless recently submitted:	Enclosed	Recently submitted
1. <b>Personal</b> information form <sup>♦</sup>	<input type="checkbox"/>	N/A
2. <b>Copy of current</b> photo identification	<input type="checkbox"/>	<input type="checkbox"/>
3. <b>Copy of a current</b> Garda vetting disclosure for the person	<input type="checkbox"/>	<input type="checkbox"/>
4. <b>Vetting information</b> from police authorities in other State <b>if</b> person has lived in another State for 6 consecutive months or more. <input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>
5. <b>Copy</b> of the person's relevant qualifications as identified in the personal information form	<input type="checkbox"/>	<input type="checkbox"/>
6. <b>Two HIQA reference forms</b> , <sup>♦</sup> one of which must be completed by the person's previous employer	<input type="checkbox"/>	<input type="checkbox"/>
7. <b>Medical</b> declaration form <sup>♦</sup>	<input type="checkbox"/>	<input type="checkbox"/>
If you have ticked " <b>recently submitted</b> ", please provide the centre name, centre ID (OSV), and date the documentation was submitted. Documents must be <b>valid</b> . <sup>§§</sup>		

<sup>♦</sup> This form is enclosed with your registration pack.

<sup>§§</sup> 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](http://www.hiqa.ie)

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

The following prescribed information for <b>each</b> PPIM <b>must</b> accompany your application form unless recently submitted:	Enclosed	Recently submitted
1. <b>Personal</b> information form <sup>◇</sup>	<input type="checkbox"/>	N/A
2. <b>Copy of current</b> photo identification	<input type="checkbox"/>	<input type="checkbox"/>
3. <b>Copy of a current</b> Garda vetting disclosure for the person	<input type="checkbox"/>	<input type="checkbox"/>
4. <b>Vetting information</b> from police authorities in other State <b>if</b> person has lived in another State for 6 consecutive months or more.	<input type="checkbox"/>	<input type="checkbox"/>
5. <b>Copy</b> of the person's relevant qualifications as identified in the personal information form	<input type="checkbox"/>	<input type="checkbox"/>
6. <b>Two HIQA reference</b> forms, <sup>◇</sup> one form must be completed by the person's previous employer	<input type="checkbox"/>	<input type="checkbox"/>
7. <b>Medical</b> declaration form <sup>◇</sup>	<input type="checkbox"/>	<input type="checkbox"/>
<p>If you have ticked '<b>recently submitted</b>', please provide the centre name, centre ID (OSV), and date the documentation was submitted. Documents must be <b>valid</b>.***</p>		

\*\*\* 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](http://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. Written compliance with statutory requirements relating to fire safety and building control (original)

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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@higa.ie](mailto:registration@higa.ie)