DCSC Statutory body	**Health Information and Quality Authority (HIQA)** Application to **renew registration** of a **special care unit (DCSC)**	

Designated centre name **(Max. 100 Characters)**	
Centre ID (OSV)	
Registered provider name (Statutory body name)	
Registration start date	
Registration expiry date	

Please check this registration pack applies to you.

You should make sure:

- You are applying to **renew** the registration of 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).

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.

DCSC Section 1	Health Information and Quality Authority **Application form**	Health Information and Quality Authority An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Section 1.1 Designated centre details	
Centre address	
Eircode	
Centre phone number	
Fax number (if applicable)	☐ N/A
Email (if applicable)	☐ N/A
Website (if applicable)	☐ N/A
Date of establishment	
What is the number of **beds** at the designated center you are **applying to renew**?	
Are you applying to register **new beds** with this application?	Yes ☐ No ☐
If **yes**, please state the number of additional beds you wish to register.	

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 ☐ No ☐

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
Will the **applicant** or any **staff member reside** at the designated centre?	Applicant	Yes ☐ No ☐
	Staff member	Yes ☐ No ☐
Is the designated centre purpose-built?	Yes ☐	No ☐
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		
Number of beds in this building you are applying to register		
Is the applicant owner or tenant?	Owner ☐	Tenant ☐
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 ☐ ☐ No
	Staff member	Yes ☐ ☐ No

Subsection 1.2.3 Building details (cont.)		
Building 2.		
Building address		
Eircode		
Number of beds in this building you are applying to register	☐	
Is the applicant owner or tenant?	Owner ☐	Tenant ☐
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 ☐ No ☐
	Staff member	Yes ☐ No ☐

Subsection 1.2.3 Building details (cont.)		
Building 3.		
Building address		
Eircode		
Number of beds in this building you are applying to register		
Is the applicant owner or tenant?	Owner ☐	Tenant ☐
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 ☐ ☐ No
	Staff member	Yes ☐ ☐ 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 Registered provider details (Statutory body)	
Statutory body **name**	
Address of the office of the statutory body	
Eircode	
Phone number of the office of the statutory body	
Email address of the statutory body	
Email (for billing purposes)*	
Subsection 1.3.1 Registered Provider Representative†	
Name of the registered provider representative	(Title, Name, 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	

* You can specify a separate email address for the payment of the annual fee. If this is blank it will be sent to the registered provider email address.
† For a definition of the 'Registered Provider Representative' please read our guidance available to download from our website www.hiqa.ie.

Section 1.4 Person responsible for the application‡ on behalf of the statutory body	
Name of the person responsible on behalf of the statutory body	(Title, Name, Surname)
Role in relation to the designated centre	
Business address of the person responsible	
Eircode	
Business phone number of the person responsible (during office hours)	
Business mobile number (optional)	
Business email address of the person responsible	

‡ 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.hiqa.ie.

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 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 1.6 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
1. A copy of final **floor plans** as-built to scale, for each building that comprises the designated centre. On the plans you must: ▪ Outline in **red** all parts of the designated centre. ▪ Outline in **blue** all overnight accommodation (bedrooms).[**]	☐
2. You must enclose a **copy of the statement of purpose and function** with this application.	☐
3. You must enclose **proof of payment of application fees** in the form of an **Electronic Funds Transfer (EFT)** with this application.	☐

[§] 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 1.8 Declaration by the registered provider	
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.	
Name (print)	
Position	Person Responsible ☐
Signed	
Date	
Contact number (during office hours)	

DCSC Section 2	Health Information and Quality Authority **Application fee**[††]	

Section 2.1 What is the application fee?			
The application fee must accompany your application.		Paid	Date paid
Application to renew	€500	☐	

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.

DCSC Section 3	Health Information and Quality Authority **Prescribed information**	Health Information and Quality Authority An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Section 3.1 Prescribed information supplied with the previous application		
Has there been a **change** to the prescribed information for the **registered provider**? Please tick either the 'Yes' or 'No' box:	**Yes**	**No**
1. Proof of identity for the person responsible on behalf of the statutory body.	☐	☐
Has there been a **change** to the prescribed information for the **person in charge**? Please tick either the 'Yes' or 'No' box:	**Yes**	**No**
1. Information supplied in the personal information form.	☐	☐
2. Photo identification.	☐	☐
3. Relevant qualifications.	☐	☐
Has there been a **change** to the prescribed information for any **person participating in management**? Please tick either the 'Yes' or 'No' box:	**Yes**	**No**
1. Information supplied in the personal information form‡‡.	☐	☐
2. Photo identification.	☐	☐
3. Relevant qualifications.	☐	☐

‡‡ Personal information form is enclosed with your registration pack.

Section 3.2 Prescribed information to accompany your application to renew		
The following prescribed information **must** accompany your application to renew form, unless recently submitted.	Enclosed	Recently submitted
1. **Up-to-date** prescribed information where a change has been identified in section 3.1 (page 15).	☐	☐
2. **Copy of a current** Garda vetting disclosure for the person in charge and each person participating in management.	☐	☐
3. **Current** medical declaration form[§§] for the person in charge and each person participating in management.	☐	☐
If you have ticked the **'recently submitted'** box above, please provide the centre name, centre ID (OSV), and date the documentation was submitted.[***]		

[§§] Medical declaration 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.higa.ie.

Section 3.3 Prescribed information for the designated centre	
You must send us the following prescribed information with your application to renew. 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).	☐

Your complete registration pack should be posted 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