



# Registration Applications

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We will discuss:

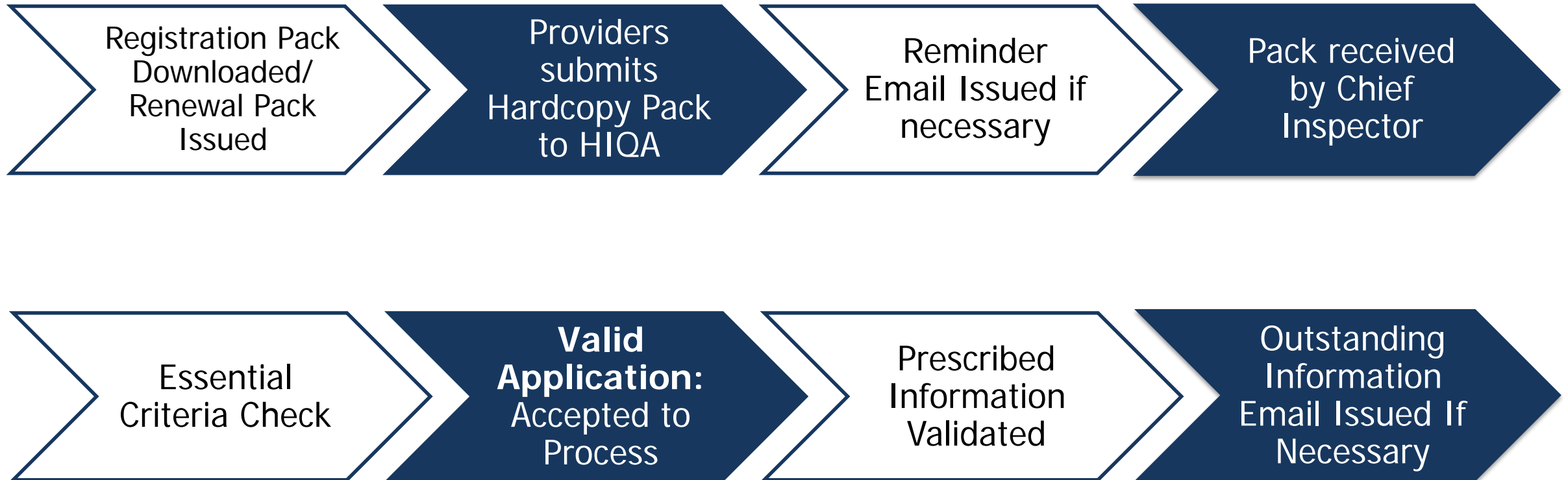
- Overview of the journey of the Application Pack
- Essential Prescribed Documentation needed for HIQA to accept your application
- Prescribed Documentation needed to complete your application

Where to seek further information:

[Registration-handbook.pdf](#)

[Email: registration@hiqa.ie](mailto:registration@hiqa.ie)

# An overview of the journey



# Valid Registration Pack

There are **four essential criteria** used to determine if you have made a valid application in line with the Act

- Complete Application Form
- Application Fee
- Floor Plans
- Statement of Purpose & Function

# Application Form – By Section

Correct Form Used

Provider Type, Version

1.1 Designated Centre Details  
1.2 Facilities and Services

Contact details, service type of DC  
DC Building and their details

1.3 Provider  
1.4 Provider Details

Provider's Legal Name and Companies Registration  
Office number (*companies only*)  
Providers contact details and stakeholders

1.5 Management and Staff  
1.6 Contact Person

Management details of DC (PIC/PPIM etc.)  
Person to contact re application queries only

1.7 Additional Information  
1.8 Declaration

Confirmation of essential documents submitted  
Hardcopy application form signed by an authorised  
person – Original signature only

# Proof Of Fees

Copy of the EFT payment confirmation as proof of payment for your application (via post or email).

We only accept electronic funds transfer (EFT) payments - either online banking or through a bank to details of Danske Bank available on our handbook.

Fee to register or renew registration is €500. Fee to vary or remove a condition of registration is €100 per condition

# Statement of Purpose & Function

## Registration Checks

- The **name** of the designated centre
- The date of the document

*May be submitted via email to [registration@hiqa.ie](mailto:registration@hiqa.ie) (preferred method as document quality is superior).*

## Inspectorate Checks

- Purpose and function
- Aims and objectives
- Specific care and support needs
- Registration details
- Admissions
- Designated Centre Description
- Management and staffing
- Resident wellbeing and safety

*Reference Registration Handbook as per HIQA website*

# Floor Plans

Full Criteria and Guidance can be found in the Registration Handbook

- All areas must be clearly labelled (text must be clear).
- A clear scale and all rooms must have dimensions.
- All overnight accommodation (bedrooms) are outlined in blue and all parts of the designated centre outlined in red.
- Each page needs to state the OSV and building/unit name/floor number



# Floor Plan Sample

OSV ID Reference Number

Red Outline

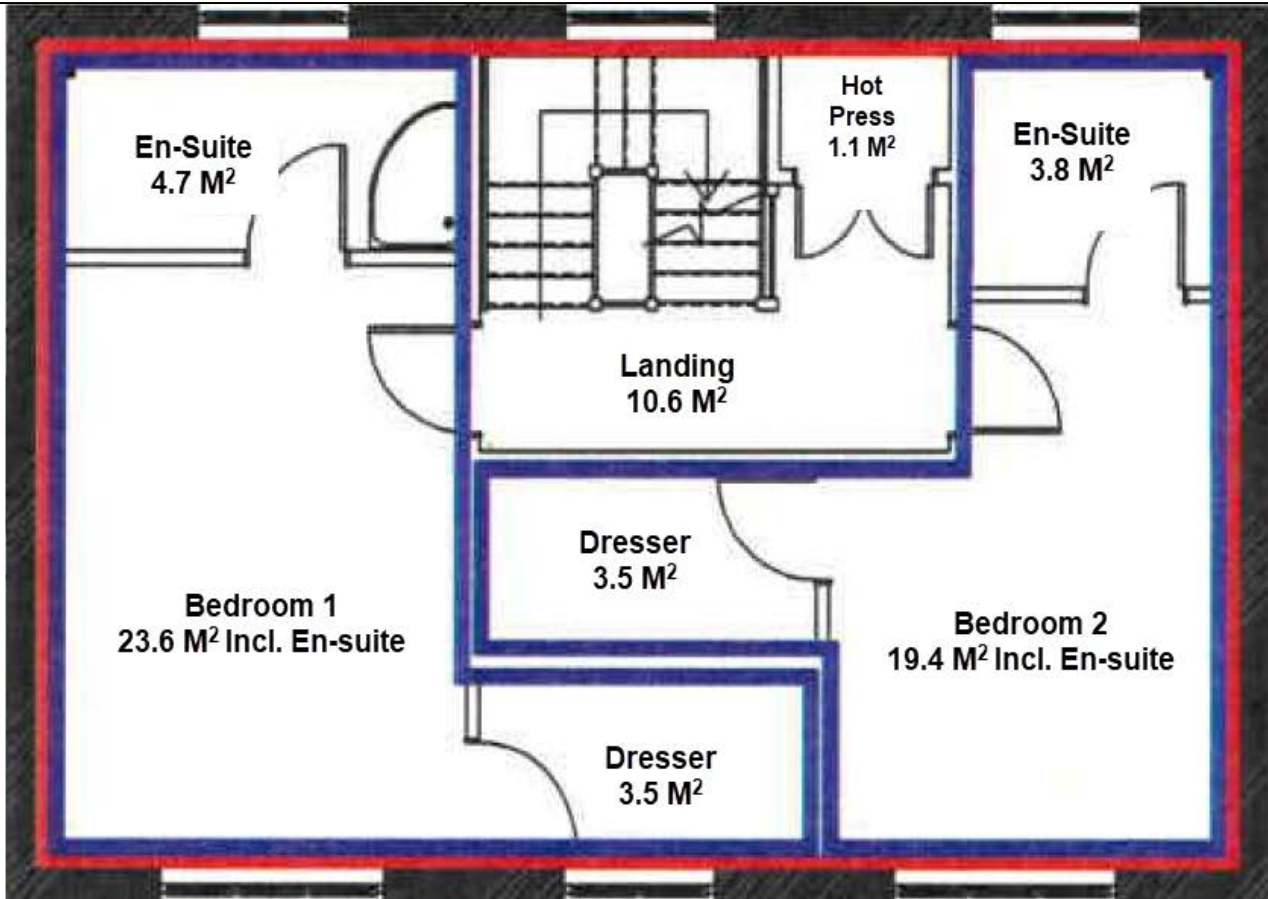
Centre  
Name

Centre Name: HIQA House  
OSV: 0009999

Floor plan - First Floor  
Gross Area 56 M<sup>2</sup>  
Scale 1:100

 Designated Centre Outline  
 Bedroom Outline

Scale



Dimensions

Bedrooms  
Outlined in  
Blue

# Prescribed Information

Prescribed information refers to supporting documentation which is required to accompany an application to register or renew registration.  
**Documents will not be returned, send photocopies where appropriate.**

You must submit prescribed information for the:

- Applicant or Registered Provider
- Designated Centre (DCD)
- PIC and PPIM

# Proof of Identity: Applicant/Provider

**\*Do not send Original Documentation\***

## Registration Checks

- Valid ID Type for Provider Entity i.e.
  - Photo ID (individuals)\*
  - Cert of Incorporation (Companies)
  - Proof of Existence (Unincorp. Body)
- Name Matches Form and Company Name matches CRO
- Expiry Date Valid

## Inspectorate Checks

- Valid Photo ID or Proof of Identity submitted
- Name Matches Form
- Expiry Date not expired on first submission – Unincorp. Body
- Expiry Date not past - Photo ID

# Garda Vetting: Applicant/Provider

## Registration Checks Company, Unincorporated Body

- Valid Document for Provider Entity:
  - Company Self-declaration Form
  - Unincorporated Body Self-declaration Form
- Form Completed
- Authorised signatory, Original signature
- Dated within 6 months

*N/A for Statutory Body*

## Registration Checks Sole Trader, Partnership

- HIQA National Vetting Bureau Invitation
  - Form Completed
  - Authorised signatory, Original signature
  - Dated within 6 months
- OR**
- Garda Vetting Disclosure Report
  - Dated within six months (first submission)
  - Dated within two years on subsequent submissions

*Reference Registration Handbook as per HIQA website*

# Garda Vetting: Applicant/Provider

## Inspectorate Checks

- Garda Vetting has been recently submitted and is in date

# Details of Previous Experience: Applicant/Provider

## Registration Checks

- List of designated centres currently or previously operated by the provider/applicant
- Document timeframe
  
- Not Applicable for Statutory Bodies

## Inspectorate Checks

- List of designated centres currently or previously operated by the provider/applicant

# Planning Compliance: Designated Centre

## Registration Checks

- Valid document:
  - Planning compliance self-declaration
  - HIQA planning compliance form
  - Other documentary evidence
- Form completed in full
- Centre name and address matches
- Document dated within 3 months
- If no change since previous application – signed declaration.

## Inspectorate Checks

- Form completed in full (if planning self-declaration, or HIQA form).
- Centre name and address matches.
- If no change since previous
- application – signed declaration.

# Residents Guide and Brochure Designated Centre

## Registration Checks

- Resident's Guide, **and**
- Example of any brochure or advertisement for centre\*** .
- Centre name on resident's guide
- Document is dated.

\*If no such document exists, an email of confirmation is required

## Inspectorate Checks

- Services and facilities provided
- Residency terms and conditions
- Arrangements for resident involvement in running of the centre
- Residents access to HIQA inspection reports
- Residents Complaints resolution process
- Arrangements for visits
- Brochure or email confirmation of none .



# Copy of Insurance Designated Centre

## Registration Checks

- Valid document:
  - A copy of any contract of insurance
  - State indemnity document
- Centre (or each building) name on the copy of insurance document
- Copy of insurance document has not expired

## Inspectorate Checks

- Centre (or each building) name on the copy of insurance document
- Copy of insurance document has not expired

# PIC and PPIM: Prescribed Info

## Part 1: Personal Information Form

### Personal Information Form

- Name matches across documents
- Centre OSV matches
- Role selected, PIC/PPIM
- Business email address and phone number
- Valid NMBI or CORU PIN
- Qualifications
- Employment History
- Verification of Previous Employment
- Declaration with original signature of authorised person
- Dated within three months

# PIC and PPIM: Prescribed Info

## Part 2: Qualifications

### Personal Information Form

- Names Match
- Listed on PIF
- Date of award
- Copy of each
- Declaration if not available

# PIC and PPIM: Prescribed Info

## Part 3: Identifications

### Copy of Birth/Adoption Cert

- Name matches PIF
- Legible

### Photo Identification

- Name matches
- Current, Valid, Photo ID
- Not expired

# PIC and PPIM: Prescribed Info

## Part 4: Vetting

### Garda Vetting Disclosure

- Name matches
- Dated within six months  
(first submission)
- Dated within two years on subsequent  
submissions

# PIC and PPIM: Prescribed Info

## Part 5: References

### Two HIQA Reference Forms

- One from Prev. Manager AND
- One from Prof. Capacity
- One must match the Role
- Name Matches
- Completed in full
- Original Signatory (Referee)
- Dated within three months

# PIC and PPIM: Prescribed Info

## Part 6: Medical

### HIQA Medical Form

- HIQA Form
- Name matches
- Completed in full
- Correct, Original Signature
- Dated within three months

### Medical Cert/Declaration

- Medical Cert  
or
- Declaration Of Fitness
- Completed in full
- Correct, Original Signature
- Dated within three months

# Prescribed Information Outstanding Email

The prescribed information outstanding email is sent to the provider and contains:

Outstanding prescribed information items to be submitted

Timeframe for returning the outstanding prescribed information



# Thank You.

## Questions?



**Health  
Information  
and Quality  
Authority**

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