

Application for Registration Childrens Residential Centre Pursuant to Part VIII, Childcare Act 1991

Alternative Care Inspection &
Monitoring Service
Child & Family Agency

SECTION 1

PLEASE COMPLETE ALL SECTIONS – INCOMPLETE FORMS WILL NOT BE ACCEPTED

REGISTERED PROPRIETOR 1

Name:	
Home Address:	
Eircode:	
Email:	
Telephone:	
Photo ID (supplied with this application)	

REGISTERED PROPRIETOR 2

Name:	
Home Address:	
Eircode:	
Email:	
Telephone:	
Photo ID (supplied with this application)	

REGISTERED PROPRIETOR 3

Name:	
Home Address:	
Eircode:	
Email:	
Telephone:	
Photo ID (supplied with this application)	

REGISTERED PROPRIETOR 4	
Name:	
Home Address:	
Eircode:	
Email:	
Telephone:	
Photo ID (supplied with this application)	

PROPOSED PERSON IN CHARGE		AGENCY / ORGANISATION DETAILS	
Name:		Name:	
Home Address:		Address:	
Eircode:		Eircode:	
Email:		Company Type:	
Telephone:		Email:	
		Telephone:	
		CRO No:	
Photo ID (supplied with this application)		Charity No. (if any):	

IF PROPRIETORS ARE PARTNERSHIP

PARTNER 1		PARTNER 2		PARTNER 3	
Name:		Name:		Name:	
Address:		Address:		Address:	
Eircode:		Eircode:		Eircode:	
Email:		Email:		Email:	
Telephone:		Telephone:		Telephone:	

COMPANY DIRECTORS

DIRECTOR /SHAREHOLDER 1		DIRECTOR/SHAREHOLDER 2		DIRECTOR /SHAREHOLDER 3	
Name:		Name:		Name:	
Address:		Address:		Address:	
Eircode:		Eircode:		Eircode:	
Email:		Email:		Email:	
Telephone:		Telephone:		Telephone:	

INFORMATION AND DECLARATIONS FOR REGISTERED PROPRIETORS AND COMPANY DIRECTORS/SHAREHOLDERS

Are there any Directors / Shareholders of the company who have been involved in the provision of social care settings?			
If yes, please provide their names and history of involvement.	Director Names	Summary of Involvement	
Is there any information that may amount to a conflict of interest for any of the Registered Proprietors, or Company Directors/Shareholders or Persons in Charge that would impact your organisation's ability to provide residential care settings for children? (see guide at the end of the form).			
1. Curriculum Vitae showing employment history for Registered Proprietors. Curriculum Vitae attached. Have you attached the required documents?			
2. Three References for the Registered Proprietor/s with names and contact details of referees for each. Have you attached the required documents?			
3. A copy of Garda vetting for the Registered Proprietor/s. Ensure it is dated within the last 36 months. Have you attached the required documents?			
If the register proprietor/s have spent six months or more in another jurisdiction			
4. Police clearances for the Registered Proprietor/s where they have spent six months or more in another jurisdiction. Have you attached the required documents?			
List the dates and names of jurisdiction as applicable	Country Names	Dates	

SECTION 2

REGULATORY & SERVICE PROVISION HISTORY OF APPLICANTS AND PERSON IN CHARGE

IN THIS SECTION, YOU ARE ASKED TO PROVIDE INFORMATION REGARDING ANY CURRENT PROFESSIONAL REGISTRATION			
Are you, any of the applicants, members of the partnership, or the proposed person in charge, currently or have ever been a member of a regulated profession in Ireland or any other jurisdiction?			
Name of Person, Role	Registration Body	Registration Number	Individuals Registered
What is the current registration status with the registration body (e.g., active, inactive, suspended)?			
What was the period of registration with the registration body (start date and end date)?	Start Date	End Date	
In which jurisdiction(s) did the registration take place?			
Were there any sanctions taken against you or the individuals mentioned during the period of registration?			
If yes, please provide additional details.			
IN THIS SECTION, YOU ARE ASKED TO PROVIDE INFORMATION REGARDING ANY CURRENT OR PREVIOUS INVOLVEMENT IN A REGULATED SOCIAL CARE SETTING.			
Are you, any of the applicants, members of the partnership, or the proposed person in charge, currently or have ever been involved in the management of a regulated social care setting in Ireland or any other jurisdiction?			
What is the name of the regulated social care setting with which you were involved and in which jurisdiction?			
What was the period of time you were involved with the regulated social care setting?	Start Date	End Date	
Were any sanctions taken against you or the individuals mentioned during the time in the regulated social care setting?			

If yes, please provide details:	
Are there any pending sanctions or investigations against you or the individuals mentioned?	
If yes, please provide details:	
Have any of the applicants or the person in charge been involved in the provision of unregulated services to the Child & Family Agency?	
If yes, please provide details of the unregulated services provided.	

SECTION 3

PURPOSE & FUNCTION OF PROPOSED CENTRE

PLEASE INCLUDE INFORMATION RELATING TO THE MODEL OF CARE, WHICH MUST INCLUDE DETAILS CONCERNING THE LENGTH OF STAY OF YOUNG PEOPLE AND THE NATURE OF THE SERVICE. E.G., EMERGENCY CARE, LONG-TERM, SINGLE OCCUPANCY BESPOKE ARRANGEMENT, ETC. MUST DESCRIBE TARGET GROUPS SUCH AS SEPARATED CHILDREN SEEKING INTERNATIONAL PROTECTION, YOUNG PEOPLE UNDER 12 YEARS, PREPARATION FOR AFTERCARE, ETC. WHAT ARE THE OBJECTIVES OF THE CENTRE?				
What is the proposed purpose and function of the centre? What is the proposed length of stay? Who is the target group for the centre?				
What is the registered capacity of the centre?	1	2	3	4
	5	6	7	8
	9	10	11	12
	13	14	15	16
	17	18	19	20
What is the age range of the children to be accommodated?				
Please tick the correct service type.	Separated children			
	Separated children (Ukrainian only)			
	Young people under 12 only			
	Mainstream			
	Preparation for aftercare			
	Rapid Access			
	Emergency 16+			
	Other			
If other, please provide details:				

What are the objectives of the centre?	
What is the model of care provided by the centre?	

SECTION 4

QUALIFICATIONS AND EMPLOYMENT HISTORY OF PERSON IN CHARGE (PIC)

REGISTRATION OF PERSON IN CHARGE		
Is the person in charge required to be professionally registered with any social care or allied health professional registration body?		
If yes, name the registration body	Registration Body Name(s)	
	Registration Number:	
Address of registration body		
Please state your registration status.		
Please indicate the expiration date on your current registration.	Registration Date	Expiration Date
Has the person in charge ever been subject to any disciplinary process pursued by the registration body?		
If yes, provide details		

Please include details of the employment history of the proposed person in charge post qualification.

EMPLOYER NAME	ADDRESS	NATURE OF BUSINESS	POST HELD	DATES OF EMPLOYMENT (TO-FROM)

SECTION 5

PROPOSED CENTRE DETAILS

DETAILS			
Centre Address			
County			
Eircode			
Phone Number			
Centre Email Address			
Property Type			
Nearest town			
Ownership	Owned		
	Leased		
	Subcontract		
	Tusla Premises		
No. Bedrooms & size & ensuite	No.	Size include Dimensions	Ensuite (Y/N)
No. Recreational rooms			
Other rooms & purpose & size	Room	Purpose	Dimensions
No. of floors			
Please provide details of the outdoor facilities of the property:			
Water Source			
Please provide details of the secure storage of medicines.			

Please provide details of the secure storage of Centre and Care Files.	
Please provide details of staff accommodation.	
Please provide details of the arrangements for nighttime supervision by staff. (e.g., live night cover)	
GP details (Name, address, contact details):	
Dentist (Name, address, contact details):	
Pharmacy (Name, address, contact details):	
Educational Provision for Young People:	

Note: Testing report required where a well or group scheme is present

SERVICE LEVEL AGREEMENT OR CONTRACT

CATEGORY	STATUS	DURATION	TUSLA CONTACT	NOTES

CENTRE INSURANCE

COMPANY	INSURANCE TYPE	LIMIT PER INCIDENT	EFFECTIVE DATE	EXPIRY DATE

In accordance with **Child Care (Standards in Children's Residential Centres), Regulations 1996 – Part III, Article 15:**

A registered proprietor and person in charge of a centre shall satisfy the relevant health board that there is adequate insurance against accidents or injury to children being maintained in the centre.

Insurance details are outlined on page 10.

STATUTORY DECLARATION

* Must be signed by the proposed registered proprietor only

I declare that I am the proposed registered proprietor, this application is complete, and the information contained herein is materially correct.

I acknowledge that the Agency will assess and verify all information in this application to make registration decisions, verify any matters stated in this application, and for the ongoing assessment and inspection of the Centre.

I understand that the provision of false or misleading information to the Agency is an offence under section 61(7), of the Child Care Act 1991, as amended, and may result in the application being refused, registration revoked, and/or prosecution.

Signature:

Print Name

Date:

Name of Company or Organisation:

Role in Company:

Company CRO Number:

Mandatory submission documents. Please tick.

(Failure to provide all of the documents listed below will result in applications being returned or delays in processing.)

- ☐ Garda Vetting Declaration (dated within the last 12 months) for Registered Proprietors, & Person In Charge
- ☐ Police Vetting Certification, where applicable, for Registered Proprietors, & Person In Charge
- ☐ Photo Identification (ID must be a driving license or a passport) for Registered Proprietors, & Person In Charge
- ☐ Proof of Address for Registered Proprietors, & Person In Charge
- ☐ CRO certificate
- ☐ Referees for Registered Proprietors, & Person In Charge x3
- ☐ CV of the Registered Proprietor(s).
- ☐ Staffing Details Pro Forma.
- ☐ Confirmation of Insurance for the operation of the centre.
- ☐ Child Safeguarding Statement (Pursuant to Part 2, Section 11 of the Children First Act 2015) and
- ☐ Policies and Procedures prescribed under Part 2, Section 11(3) of the Childcare Act 2015.
- ☐ Written statement of the model of care of the centre.
- ☐ Policy on Behaviour Management.
- ☐ Policy on Missing Children and Absence Management.
- ☐ Centre Health & Safety Statement including Fire Safety Policy.
- ☐ Staff Induction Programme.
- ☐ Plan for the centre layout, including room size and location of proposed young people's bedrooms.
- ☐ Copy of relevant planning permission from the local Authority or relevant exemption from planning from the local Authority.
- ☐ Fire safety documentation, either a Building Control Entry to register compliance upon completion or a completed statutory declaration for community dwellings compliance.

Guidance Notes on Conflict of Interest for Applicants

There is a comprehensive document on the Website. Applicant is strongly advised to read.

Please note that the applicable definition of a conflict of interest for applicants can amount to but is not confined to the following

- Applicant is a current Tusla employee or contractee.
- Applicant has a material involvement or interest in other residential social care Proprietor organisations.
- Applicant recently holder of contract with Tusla which was terminated or ceased by Tusla.
- Applicant, Proposed person in charge or owners of services are subject to ongoing child protection assessment.
- Applicant, Proposed person in charge, or owners of services subject to ongoing criminal investigation.

This information will be considered as sensitive information and examined on its merits. Any failure to make a relevant disclosure which later becomes known may impact your application.

Insurance Details

Insurance Type	Limit Per Incident
Professional Indemnity	€6,500,000 (€6.5 million)
Public Liability	€6,500,000 (€6.5 million)
Employers Liability	€13,000,000 (€13 million) any one occurrence
Motor Insurance	€2,600,000 (€2.6 million) third-party property damage, any one occurrence