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| **Application For Registration of a Children’s Residential Centre** |
| Child Care Act 1991 Section VIII, Part 61 (a) & (b)  If submitting a hardcopy, please use **BLACK** pen in **BLOCK CAPITALS**  Please note that only fully completed application forms will be accepted. All Information must be accurate and comprehensive. |

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| **Information to be enclosed with application form:** | |
| Please attach plans for the interior design of the centre giving details of the dimensions of all rooms |  |
| Please attach written confirmation of fire safety from a chartered engineer or a suitably qualified architect with experience in fire safety design and management |  |
| Please attach a copy of the centre’s fire safety policy |  |
| Please supply all written policies and procedures |  |
| Please include child protection policies and procedures and your Child Safeguarding Statement in line with Children First Act, 2015 |  |
| Please include detailed insurance schedule |  |
| Please attach a copy of the certificate of planning permission for the centre |  |
| Please include a copy of the most recent annual review of compliance and a copy of the quality improvement plan. |  |
| Please provide a written copy of the centre’s health and safety statement and accompanying risk assessments. |  |
| Please include evidence of registration from companies’ registration office. |  |

* *Please note that this information must be included with the initial application for registration and all subsequent applications for renewal of registration*

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| **Note to Applicant** |
| Only completed and signed applications will be accepted.  Signed applications can be returned by email to**:** [**acims.applications@tusla.ie**](mailto:acims.applications@tusla.ie)or by post to:  ***Alternative Care - Inspection & Monitoring of Non Statutory Children’s Services***  ***TUSLA – Child & Family Agency***  ***2nd Floor, Units 4/5***  ***Nexus Building***  ***Blanchardstown Corporate Park, Ballycoolin***  ***Dublin 15 - D15 CF9K*** |

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| **Name & Address of Centre** | | | |
| Name or title of the centre | Click or tap here to enter text. | Address of the centre | Click or tap here to enter text. |
| Eircode | Click or tap here to enter text. | Telephone number of the centre | Click or tap here to enter text. |
| Email address of the centre | Click or tap here to enter text. | Is the centre owned by the agency or leased | Click or tap here to enter text. |
| Name or title of agency | Click or tap here to enter text. | Address of agency | Click or tap here to enter text. |
| Date of establishment | Click or tap here to enter text. |
| Email address of agency | Click or tap here to enter text. | Telephone number of agency | Click or tap here to enter text. |

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| **Registration** |
| Have you or any service operated by your organisation previously registered with TUSLA (Formerly HSE) in the past? Please give details: |
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| **Centre Purpose & Function** | |
| Please provide details on the centre registered capacity: Please tick. | |
| Single Occupancy |  |
| Multi occupancy (2 young people ) |  |
| Multi Occupancy (3 or more young people ) |  |
| Dual Occupancy( 2 young people high dependency needs) |  |
| Brief details on the aims and objectives of the service (to include the age range of the young people and registered capacity.)  Click or tap here to enter text. | |

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| 1. **Proprietor(s) of the centre** | |
| Full name of proprietor(s) | Click or tap here to enter text. |
| Address of proprietor(s)  *\*Please also include email addresses* | Click or tap here to enter text. |

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| 1. **Partnership details** | |
| If the centre is owned on a partnership basis, please give details of other partners (i.e. full name, address, date of birth and telephone number) | |
| Full name | Postal address & email address |
| Click or tap here to enter text. | Click or tap here to enter text. |
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| **Service level agreements** | |
| Does the organisation have a service level agreement with TUSLA? Please tick Yes/No | Yes  No |
| Date of service level agreement | Click or tap here to enter text. |
| Arrangement for review of this agreement | Click or tap here to enter text. |

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| **Designated other** | | | |
| 1. Designated other [person designated by the registered provider to carry out functions on their behalf] | | | |
| Full Name | Click or tap here to enter text. | Role | Click or tap here to enter text. |
| Email address | Click or tap here to enter text. | Telephone | Click or tap here to enter text. |

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| **Management Structure** | | | |
| 1. Person in charge [name to be entered on registration certificate] | | | |
| Full Name | Click or tap here to enter text. | Private Address | Click or tap here to enter text. |
| Date of Birth |  | Telephone |  |
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| 1. Qualifications and employment record of person in charge   *Details of qualifications, related experience and employment history of person in charge* | | | | |
| Qualifications | Click or tap here to enter text. | | | |
| Employer’s name & address | | Nature of business | Post held | Dates of employment |
| Click or tap here to enter text. | | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
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| 1. Registration details or person in charge | |
| Is person in charge required to be professionally registered with any social care or allied health professional registration body? | Yes  No |
| If yes, name the registration body | Click or tap here to enter text. |
| Address of registration body | Click or tap here to enter text. |
| Please state your registration status?  *E.g. Full, Associate, student.* | Click or tap here to enter text. |
| Please indicate the expiration or your current registration? | Click or tap here to enter text. |
| Has the person in charge ever been subject to any disciplinary process pursued by your registration body?  *If yes give details* | Click or tap here to enter text. |

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| **Director of services / Operations manager** | | | |
| Full Name | Click or tap here to enter text. | Private Address | Click or tap here to enter text. |
| Date of Birth | Click or tap here to enter text. | Telephone Number | Click or tap here to enter text. |

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| **Governance mechanisms within the centre** |
| Provide details on the quality assurance, audit and governance mechanisms in place in the centre: |
| Click or tap here to enter text. |

| **Full time staff** | | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
| **Name** | **Position held** | **Date appointed** | **Qualifications** | **Male /Female** | **Weekly Hours** | **Status fulltime/ part time** |
| *\*For re-application* *please only list the fulltime staff who are currently working in the centre, not fulltime staff who are on long term sick leave , maternity leave or any other long term leave paid or unpaid.* | | | | | | |
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| **Relief Staff** | | | | | | |
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| **Name** | **Position held** | **Date appointed** | **Qualifications** | **Male /Female** | **Weekly Hours** | **Status fulltime/ part time** |
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| **Other Categories of staff**  *e.g. Tutors/Ancillary/Domestic* | | | | | | |
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| **Name** | **Position held** | **Date appointed** | **Qualifications** | **Weekly Hours** | **Male/**  **Female** | **Working in other centres** |
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| **Premises** | |
| 1. **Description** | |
| Description of Premises: (Please attach plans of the interior design of the property, giving details of the dimensions of all rooms) | |
| A: Type of Property:  *(e.g. detached/semi-detached/terraced/date of construction)* | Click or tap here to enter text. |
| B. Description of Property:  *(e.g. type of roof/facilities/wiring)* | Click or tap here to enter text. |

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| 1. **Details of accommodation** | | | |
| Number of | Ground Floor | First Floor | Second Floor |
| Bathrooms | Click or tap he | Click or tap he | Click or tap he |
| Separate WCs | Click or tap he | Click or tap he | Click or tap he |
| Showers | Click or tap he | Click or tap he | Click or tap he |
| Single Bedrooms | Click or tap he | Click or tap he | Click or tap he |
| Double Bedrooms | Click or tap he | Click or tap he | Click or tap he |
| Other Bedrooms | Click or tap he | Click or tap he | Click or tap he |
| Lounge and Sitting | Click or tap he | Click or tap he | Click or tap he |
| Rooms | Click or tap he | Click or tap he | Click or tap he |
| Dining Rooms | Click or tap he | Click or tap he | Click or tap he |

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| 1. **Other accommodation** |
| Please detail other accommodation  *(e.g. office/interview rooms, workshops, sick room, quiet room, utility, guest room)* |
| Click or tap here to enter text. |
| Please detail other accommodation  *(e.g. office/interview rooms, workshops, sick room, quiet room, utility, guest room)* |
| Click or tap here to enter text. |
| **Education** |
| Please detail arrangements for the education of children and young people |
| Click or tap here to enter text. |

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| **Health and Social Care** |
| What arrangements have been made for health care provision  (e.g. GP, dentist, optician, psychologist, speech therapist)  Please give contact names and addresses: |
| Click or tap here to enter text. |
| Please detail arrangements for the administration and handling of medicines |
| Click or tap here to enter text. |
| Please detail arrangements to meet the spiritual needs of children and young people |
| Click or tap here to enter text. |
| Please detail arrangements to meet the emotional needs of children and young people: |
| Click or tap here to enter text. |

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| **Insurance** | |
| Please detail arrangements for insurance cover of the centre:  *(include the name and address of the Insurance Company)* | |
| Name and Address of Insurance Co: | Click or tap here to enter text. |
| List categories of insurance (e.g. public liability, professional indemnity etc.) please give details of cover: | Click or tap here to enter text. |

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| **Fire precautions** | | |
| Does the centre have a written confirmation as required by article 13 of the Child Care (Standards in Children’s Residential Centres) Regulations, 1996? Please include name and address of person or authority who has provided this written confirmation: | Yes | No |
| Is the procedure to be followed in the event of a fire displayed in a prominent position in the centre? | Yes | No |
| Have there been structural changes made to the premises since written confirmation as required by article 13 of the Child Care (Standards in Children’s Residential Centres) Regulations, 1996 was first provided? | Yes | No |
| Have there been structural changes made to the premises since registration? If so do you have up to date confirmation? | Yes | No |

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| **Declaration** | |
| I consent to the Child and Family Agency s ’Alternative Care Inspection and Monitoring Team using information provided in this application form for the purposes of making registration decisions and for the on- going assessment and inspection of this centre .  I agree to notify the Alternative Care Inspection and Monitoring Team of any changes to the information on this form.  I declare that I have attached all documentation required to progress my application as set out in  this form.  I declare that all the information I have given on the application form is true to the best of my  knowledge and belief. | |
| Signature of applicant: |  |
| Date: | Click or tap here to enter text. |

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