

**Independent healthcare settings and Private dental practices**

**Change of Responsible Individual (RI)**

**Before completing this form you should read the relevant** [**‘Guidance for change of Responsible Individuals (RIs)’**](https://www.hiw.org.uk/guidance-change-responsible-individual-ri-service-registered-hiw)

##### **Relevant legislation the Care Standards Act 2000 and the Independent Health Care (Wales) Regulations 2011 / The Private Dentistry (Wales) Regulations 2017. You can read the Act and Regulations on our website:** [**www.hiw.org.uk**](http://www.hiw.org.uk)**.**

It is the responsibility of the registered provider to assure HIW that they have appointed a RI who meets the fitness requirements.

It is also the responsibility of the registered provider or duly authorised director or company secretary (whichever is appropriate), to ensure this form is completed and returned to HIW. By completing this form you are providing assurance to HIW that you are meeting the regulatory requirements in respect of your new RI.

It is an offence under Section 11 of the Care Standards Act 2000 to carry on or manage a service without being registered by Healthcare Inspectorate Wales (HIW). You could be prosecuted, and it could lead to your application being refused.

**Filling in this form**

You must fully complete this form, as well as completing the declaration of compliance at Section 6.

If you need more space to answer any questions, please submit additional clearly numbered sheets and mark them with the question number from this form.

**Submitting the form and any relevant evidence to HIW**

All documents must be submitted to HIW via a secure online portal – Objective Connect (OC). If access is required, please email [hiw.registration@gov.wales](mailto:hiw.registration@gov.wales), where possible please confirm the name of the newly appointed RI, email address and setting/practice name. A member of the Registration Team will set up an OC account and email you with instructions for access.

You must provide all relevant documents listed in Section 1.

Although HIWs preferred method of receiving applications is electronically you are also able to submit a complete application in hard copy by post to:

Registration Team

HIW

Rhydycar Business Park  
Merthyr Tydfil   
CF48 1UZ

If you do not submit all required forms and information your request may be returned.

You can read more information on our website at [www.hiw.org.uk](http://www.hiw.org.uk) or contact us with any queries by email at [hiw.registration@gov.wales](mailto:hiw.registration@gov.wales) or call us on 0300 032 8163.

**What is your preferred language for communicating with HIW?**   
(e.g. verbally or in writing) – please select.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Welsh\*** |  | **English** |  | **Welsh and English** |  |

\* A Welsh application form is available at [insert link to Welsh application]

**SECTION 1: Required Information**

|  |  |
| --- | --- |
| **HIW will only process the request to change the RI where all the required information has been submitted along with this form.**  **Please indicate that each item has been submitted** | |
| Change of RI form – fully completed, signed and dated |  |
| Job description for the RI |  |
| Statement of purpose – Amended to include details for the RI |  |
| Patients’ guide / Patient information leaflet - Amended to include details for the RI |  |

**SECTION 2: The service**

|  |  |
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| **Setting / practice details** (where services are being provided)  Please list all relevant settings / practices | |
| Setting / Practice name | Address inc. post code |
|  |  |
|  |  |
|  |  |
|  |  |

**SECTION 3: The registered provider**

|  |  |
| --- | --- |
| **Registered provider details** (not applicable, if a sole trader) | |
| Company name |  |
| Address |  |
| Postcode |  |

**SECTION 4: Newly appointed RI details**

|  |  |
| --- | --- |
| **Details of the individual appointed as the new RI**  (Please complete a separate form if there is more than one new RI) | |
| Title |  |
| First name |  |
| Middle name (if applicable) |  |
| Last name |  |
| Previous name (if applicable) |  |
| Date of birth (dd/mm/yyyy) |  |
| Business address |  |
| Personal address |  |
| Postcode |  |

|  |  |  |
| --- | --- | --- |
| **Job share** | | |
| Is this a job share post? | | |
| Yes |  |  |
| No |  |  |
| (Please complete a separate form for each newly appointed RI) | | |
| If **yes** please explain the job share arrangements | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Details of any current and previously registered establishments** | | | |
| Has the RI owned or managed any current or previously registered establishments? | | | |
|  | Yes |  |  |
|  | No |  |  |
|  | | | |
| If **yes** please provide the following details for each setting / practice (continue on a separate sheet if necessary)  Date of registration:  Registration certificate number:  Name of regulatory body (i.e. CIW):  Name of setting / practice:  Address:  Post code:  Registration category / type of service: | | | |

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|  | | | |
| Has the RI ever had an application to register refused, or had an existing registration cancelled under any of the following?     * The Registered Homes Act 1984 * The Registered Homes (Amendment) Act 1991 * The Children Act 1989 (including childminding and day care for children * The Nurses Agencies Act 1957 * The Care Standards Act 2000 * Health and Social Care Act 2008 * Care Standards Act 2000 | | | |
|  | Yes |  |  |
|  | No |  |  |
|  | | | |
| If **yes** please provide further details | | | |
| Please confirm that you have the information below available:     * CV, which includes * date of birth * address and postcode * contact telephone numbers * current and previous employment details, which must include the name and address of employers together with a description of job title, responsibilities, reasons for leaving and explanations of any gaps in employment history * details of any professional or technical qualifications held, including copies of certificates * details of any disciplinary action taken against the RI at any stage of their career * the names and addresses, including postcode, of two referees - who are not related to the RI; one of whom has employed them for a period of at least three months and one of whom is their most recent former employer. * Please confirm that written references have been provided to you that demonstrate the RI is competent to supervise the management of establishments, agencies or private dental practices operated by the organisation. * all of the information in respect of the RI as required by Schedule 2 of the Independent Health Care (Wales) Regulations 2011 / Schedule 3 of the Private Dentistry (Wales) Regulations 2017 (as appropriate) | | | |
|  | Yes |  |  |
|  | No |  |  |
|  | | | |
| If **no** please provide further details | | | |

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| --- | --- | --- | --- |
| **5.4 Professional body registration** | | | |
| Is the RI registered with a professional body? | | | |
| Yes | |  |  |
| No | |  |  |
|  | | | |
| If **yes**, please provide: | | | |
| the professional body’s name |  | | |
| registration number |  | | |
| details of any conditions imposed |  | | |

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| **5.5 Disclosure and Barring Service details** | | | |
| Has an appropriate Disclosure and Barring Service (DBS) check been undertaken for the RI? | | | |
|  | Yes |  |  |
|  | No |  |  |
|  | | | |
| If **yes** please provide the following details  Date of issue:  Certificate number: | | | |

**SECTION 6: Declaration**

By signing this declaration, you are confirming you are satisfied that:

* the new RI meets the fitness requirements of the Independent Health Care (Wales) Regulations 2011 / Schedule 3 of the Private Dentistry (Wales) Regulations 2017 (as appropriate)
* the new RI has been provided with a signed copy of this form

* you meet and will continue to meet the obligations under the Independent Health Care (Wales) Regulations 2011 / the Private Dentistry (Wales) Regulations 2017 (as appropriate)

This declaration must be signed by a registered provider (duly authorised director or company secretary, whichever is appropriate).

I hereby declare that the information detailed in this form is true and accurate and has been checked against the records held by us.

**I have kept a copy of all the information submitted in my application for my records.**

|  |  |
| --- | --- |
| Signed |  |
| Name |  |
| Position within the organisation |  |
| Date signed |  |

***General Data Protection Regulations 2016***

In order to process an application for registration under the Care Standards Act 2000, Healthcare Inspectorate Wales (HIW) on behalf of Welsh Government will request personal information on the applicant or from an individual with permission to act on their behalf. This information is required for the purposes of the exercise of our official authority and public interest in processing your application to register. If you don’t provide this information then your application cannot be processed.

HIW, on behalf of the Welsh Government uses the personal information to process your application for registration and will share your information with other regulatory bodies, law enforcement agencies and with others within the Welsh Government.

The Welsh Government will hold your data for 7 years following de-registration in line with audit requirements.

You have the right to access the personal data we are processing about you, rectify inaccuracies, in certain circumstances object to processing or erasure of your data and lodge a complaint.

For further details and the full Privacy Notice is available at [www.hiw.org.uk](http://www.hiw.org.uk).