SC1

Application form for children’s social care

This form should be completed by the applicant for registration or a person with the authority to represent the applicant if an organisation (see the Guide to registration for children’s social care services, available at www.gov.uk/government/publications/guide-to-registration-for-childrens-social-care-services).

In addition an SC2 form must be completed by:

- all individuals registering as an individual provider
- the proposed responsible individual representing an organisation
- all partners (in the case of a partnership)
- the proposed person in charge of the day-to-day running of the provision (the registered manager)
- all directors of a children’s home involved in the carrying on of the children’s home.¹

Please complete this application form in full, following the guidance provided. You must also provide all the additional information and documentation detailed on the Checklist, at www.gov.uk/government/publications/become-a-childrens-social-care-provider-checklist. Some applicants are exempt from the requirement to provide certain information (see the guidance included in this form). However if you do not provide all the information relevant to your application we will consider your application to be incomplete and reserve the right to return it to you. As well as reading the guidance notes included on this form, please also refer to the Guide to registration for children’s social care services when completing this application form.

If you need any help to complete this form, please phone Ofsted on 0300 123 1231.

Please send all the forms, and the other documents required, to Ofsted National Business Unit, Piccadilly Gate, Store Street, Manchester, M1 2WD.

Please note: When returning this form make sure you include this page (page 1). We cannot accept your application without it.

This form will be computer-scanned. If completing by hand please use black ink and block capitals.

¹ For the definition of a children’s home director please see The Children’s Homes (England) Regulations 2015 and the Guide to registration for children’s social care services.
Please note: as well as requiring the information specified in regulation, Ofsted may also request other information in relation to your application.²

Section A – Type of application

(A1) We need to know about the type(s) of service you want to provide. Details are set out in the Guide to registration for children’s social care services and in six introductory guides to:

Adoption support agencies (www.ofsted.gov.uk/resources/childrens-social-care-registration-introduction-adoption-support-agencies)

Children’s homes (www.gov.uk/government/publications/how-to-open-a-childrens-home)

Independent fostering agencies (www.gov.uk/government/publications/introduction-to-independent-fostering-agencies)

Residential family centres (www.gov.uk/government/publications/introduction-to-residential-family-centres)

Voluntary adoption agencies (www.gov.uk/government/publications/introduction-to-voluntary-adoption-agencies)


(A2) We also need to know about who is applying to register. We register a ‘person’ for each service. A ‘person’ may be an individual, a partnership or an organisation, such as a company, committee, or statutory body. For children’s homes, an individual provider may be more than one person.³ The Guide to registration for children’s social care services gives more details about which people need to register.

(A3) We need to know if you are a school intending to provide boarding for more than 295 days a year, in which case you must register as a children’s home. Please provide your Department for Education number. We will inform the Department for Education that you have applied to register as a children’s home.

(A4) We need to know if the establishment or agency you are applying to register, is currently registered by Ofsted with another provider.

(A6) If you or your organisation made a previous social care application after 30 September 2010, you are not required to supply us with information you provided as part of the previous application, if that information has not changed. If multiple applications have previously been made, you must specify only one of these. We may need to contact you to ensure that we have identified the correct application form. Please note that you must always answer question B5 and complete section G.

³ The Children’s Homes (England) Regulations 2015, Regulation 26(2).
<table>
<thead>
<tr>
<th><strong>A</strong> Type of application</th>
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</thead>
<tbody>
<tr>
<td><strong>A1</strong> Application for (please mark one box only)</td>
</tr>
<tr>
<td>☐ Children’s home</td>
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<tr>
<td>☐ Voluntary adoption agency</td>
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<tr>
<td>☐ Residential family centre</td>
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<tr>
<td><strong>A2</strong> Are you applying as (please mark one box only)</td>
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<tr>
<td>☐ an individual</td>
</tr>
<tr>
<td><strong>A3</strong> Are you applying to register an educational establishment (or planned education establishment) as a children’s home?</td>
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<tr>
<td>☐ Yes</td>
</tr>
</tbody>
</table>

Please provide the DfE number if known.

| **A4** Are you applying because you intend to purchase a registered children's social care establishment or agency? |
| ☐ Yes | ☐ No |

If ’Yes’, please give the name and address of the provision and its Ofsted registration number.

Name

Address (in full)

Postcode

Ofsted registration number

| **A5** Have you/has your organisation made a previous social care application for registration with Ofsted to register a children's social care establishment or agency after 30 September 2010? |
| ☐ Yes | ☐ No |

If ’Yes’, please give the Ofsted registration number (if appropriate) and as much information as possible, including the date submitted, to allow us to identify your previous application.

Ofsted registration number

If you have answered ’Yes’ to A5 you must still answer question B5 and complete section G but you only need to complete the remainder of section B and sections C, D, E and F where the information supplied to Ofsted in the previous application has changed. Ofsted will use the information provided in that previous application to process this application.
Section B – Applicant details

(B1) You are required to provide evidence of your financial viability to operate the establishment or agency. You can use the section below to provide any information you would like to share with us to demonstrate to us how you meet this requirement. Please continue on the additional information section at the end of this form if you need to add further details. Local authorities are not required to provide this evidence.

(B2) We need to know if you have financial interests in any other establishments or agencies registered by us. Please continue on the additional information section at the end of this form if there is more than one establishment or agency, or if you need to add further details. You will need to supply us with this information for each establishment or agency.

(B3) We need to know if your organisation has ever been registered to provide care under any of the listed Acts. Please provide details of any registration held including information about the type of service provided, the dates of registration, reasons why the registration ceased, if this is the case, and any other detail you think is relevant. Applicants who are individuals do not need to answer this question.

Please note: we will send any correspondence about your application to:

- an individual provider at the address for the agency or establishment, or at the principal office address for the holiday scheme for disabled children
- an organisation or limited liability partnership at the organisation or limited liability partnership’s office or address
- a manager at their personal address.
### Applicant details

If you are a local authority, please go to B2.

<table>
<thead>
<tr>
<th>B1</th>
<th>Are you/is your organisation financially viable, do you have the finance available to achieve the aims and objectives of the statement of purpose, and can you supply a business plan and details of cash-flow or predicted cash-flow?</th>
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<tbody>
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<td>□ Yes □ No</td>
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</table>

If you have answered ‘Yes’, please give details on how you can meet these criteria for registration.

<table>
<thead>
<tr>
<th>B2</th>
<th>Do you/does your organisation have any current financial or work interests in one or more other establishments or agencies registered with us?</th>
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<tbody>
<tr>
<td></td>
<td>□ Yes □ No</td>
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</table>

If 'Yes', please give the name and address of the provision and its Ofsted registration number. If there is more than one, please use section H to provide details of each establishment or agency.

Name

Address (in full)

Postcode

Ofsted registration number

<table>
<thead>
<tr>
<th>B3</th>
<th>Has your organisation ever been registered or licensed for, or been the owner of or a partner in, any service registered or licensed under the:</th>
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<td>□ Yes □ No</td>
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</table>

- Registered Homes Act 1984
- Registered Homes (Amendment) Act 1991
- Children Act 1989
- Childcare Act 2006
- Nurses Agencies Act 1957
- Care Standards Act 2000
- Health and Social Care Act 2008

If you have answered ‘Yes’, please give details.
Section B – Applicant details (continued)

(B4) We need to know if your organisation or partnership has ever been refused registration or had a registration cancelled under legislation. Applicants who are individuals do not need to answer this question.

(B5) We ask you to give a target opening date, but we cannot guarantee to meet this date. We hope to make a registration decision for all establishment and agency applications within 16 weeks. However, a number of the stages in the application process depend on information from other agencies and action you have to take. There is more information about the process in the Guide to registration for children’s social care services.

Please note that applications are not subject to tacit approval under the EU Services Directive. Tacit approval relates to a situation in which an authority does not process an application for registration within the published timescales and the application as a result becomes deemed as having been granted. It does not apply to applications to Ofsted for registration as a children’s social care provider because different arrangements are in place for overriding reasons relating to the public interest, namely the need to safeguard and protect children’s welfare.

(B6) If you are applying as an individual provider then you should complete this question. For children’s homes, an individual provider may be more than one person.

(B7–B8) We need to ask for details about all individuals who make up the partnership. Please read the Guide to registration for children’s social care services for more information about partnerships. In the table list the full names of all partners. Please indicate whether each person:

- has management responsibility for staff
- has significant contact with children.

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4 Provision of Services Regulations 2009, Regulations 19(5) and (6); www.legislation.gov.uk/uksi/2009/2999/contents/made
5 The Children’s Homes (England) Regulations 2015, Regulation 26(2).
**B Applicant details (continued)**

**B4** Has your organisation or partnership ever had an application refused or registration cancelled under any of the acts listed in B3? □ Yes □ No

If you have answered ‘Yes’, please give details.

<table>
<thead>
<tr>
<th>Ofsted registration number</th>
<th>Organisation ID</th>
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**B5** Target opening date

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If you are applying as an individual, answer B6 then go to section C. If you are applying as a partnership, answer B7–B8. If you are applying as an organisation, answer B9–B31.

**B6** Persons who are part of the individual provider

<table>
<thead>
<tr>
<th>Title</th>
<th>First name(s)</th>
<th>Surname</th>
<th>Date of birth</th>
<th>Position/management responsibility/contact with children and/or young people</th>
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<td>D D M M Y Y Y Y</td>
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</tbody>
</table>

I have submitted an SC2 form for each person who is part of the individual provider with this application □

Please go to section C.
**B7** Persons who are part of the partnership

<table>
<thead>
<tr>
<th>Title</th>
<th>First name(s)</th>
<th>Surname</th>
<th>Date of birth</th>
<th>Position/management responsibility/contact with children and/or young people</th>
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**B8** Name and address of partnership

<table>
<thead>
<tr>
<th>Postcode</th>
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</table>

I have submitted an SC2 form for each partner with this application [ ]

Please go to section C.
Section B – Applicant details (organisation only)

This section asks for information about the organisation that is applying to be the Registered Provider. There is more information about Registered Providers in the Guide to registration for children’s social care service.

(B9) Sector definitions are explained below.

Local authority: an establishment or agency where the service is operated by a local authority.

Health authority: an establishment or agency where the service is operated by a health authority.

Voluntary: an establishment or agency (other than those operated by a local or health authority) whose activities are not carried on for profit.

Private: an establishment or agency which is not run by a local authority, health authority or a voluntary organisation.

(B10) Examples of a statutory body are a local authority, a trust or school governing body. If you are applying as a group of two or more individuals who are jointly responsible for providing the care but are not a partnership, company, committee or statutory body please tick ‘other organisation’ and list all the individuals concerned in B30. There is more information about organisations and who needs to apply in the Guide to registration for social care services.

(B11) If you have a collective name for your organisation such as ‘cooperative’ please give this name here. Please do not enter the provision name, for example ‘Oakland House’, here. This name should go in C1.

(B12) This must be the organisation address, for example the company registered address. Where the organisation does not have a secure postal address, put the address of the chairman, director or an individual of a comparable position.

(B14) We increasingly use email to contact people. It is your responsibility to keep us updated of any changes to your email address. Please let us know if you do not want us to contact you in this way.
### Applicant details – organisation only

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<tr>
<td><strong>B9</strong></td>
<td>Organisation sector (please mark one box only)</td>
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<tr>
<td></td>
<td>□ Local authority □ Health authority □ Voluntary □ Private</td>
</tr>
<tr>
<td><strong>B10</strong></td>
<td>Type of organisation (please mark one box only)</td>
</tr>
<tr>
<td></td>
<td>□ Company □ Statutory body/school □ Committee □ Other organisation</td>
</tr>
<tr>
<td><strong>B11</strong></td>
<td>Name of organisation</td>
</tr>
<tr>
<td><strong>B12</strong></td>
<td>Address of organisation</td>
</tr>
<tr>
<td><strong>B13</strong></td>
<td>Telephone number (including area code)</td>
</tr>
<tr>
<td><strong>B14</strong></td>
<td>Email address</td>
</tr>
<tr>
<td><strong>B15</strong></td>
<td>Mark here if you do not want to receive communications electronically</td>
</tr>
<tr>
<td><strong>B16</strong></td>
<td>Date organisation came into being</td>
</tr>
<tr>
<td><strong>B17</strong></td>
<td>Registered charity number (if applicable)</td>
</tr>
<tr>
<td><strong>B18</strong></td>
<td>Registered company number (if applicable)</td>
</tr>
<tr>
<td><strong>B19</strong></td>
<td>Is the organisation in B11 a subsidiary of a holding company?</td>
</tr>
<tr>
<td></td>
<td>□ Yes □ No</td>
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If 'Yes', please complete B20 – B27. If 'No' please complete B32.

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<tbody>
<tr>
<td><strong>B20</strong></td>
<td>Name of holding company</td>
</tr>
<tr>
<td><strong>B21</strong></td>
<td>Address of holding company</td>
</tr>
<tr>
<td><strong>B22</strong></td>
<td>Telephone number of the holding company (including area code)</td>
</tr>
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<td><strong>B23</strong></td>
<td>Email address</td>
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<tr>
<td><strong>B24</strong></td>
<td>Date holding company came into being</td>
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<tr>
<td><strong>B25</strong></td>
<td>Registered charity no. of holding company (if applicable)</td>
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<tr>
<td><strong>B26</strong></td>
<td>Registered company no. of holding company (if applicable)</td>
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<tr>
<td><strong>B27</strong></td>
<td>Does the holding company in B20 have any other subsidiaries registered with Ofsted?</td>
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<tr>
<td></td>
<td>□ Yes □ No</td>
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If 'Yes' please provide details below (please use section H if there is more than one subsidiary).

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<tr>
<td><strong>B28</strong></td>
<td>Name of subsidiary</td>
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<tr>
<td>B29</td>
<td>Address of subsidiary</td>
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<th>B30</th>
<th>Telephone number of subsidiary</th>
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<tr>
<th>B31</th>
<th>Email address</th>
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<tr>
<th>B32</th>
<th>Is the organisation in B11 a holding company?</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td></td>
<td>If ‘Yes’ please complete B33. If ‘No’ please go to B39.</td>
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<thead>
<tr>
<th>B33</th>
<th>Does the holding company have any subsidiaries registered with Ofsted?</th>
<th>Yes</th>
<th>No</th>
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<td>If ‘Yes’ please provide details below (please use section H if there is more than one subsidiary).</td>
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<tr>
<th>B34</th>
<th>Name of subsidiary</th>
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<th>B35</th>
<th>Address of subsidiary</th>
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<th>B36</th>
<th>Telephone number of subsidiary</th>
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<th>B38</th>
<th>Ofsted registration number</th>
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Sections B – Applicant details (organisation continued)

(B39) We need to ask for details about all individuals who make up the Registered Provider. Please read the Guide to registration for children’s social care services for more information about the Registered Provider. In the table, please provide the position of each individual and clearly indicate if they are a director, manager, secretary, clerk, treasurer, trustee or any other similar officer of the organisation.

You can find more information about disqualification in the Guide to registration for children’s social care services under the section 'Is there anything that could prevent me from registering?'

Directors of children’s homes who are involved in the carrying on of the children’s home must also complete an SC2 form. We ask for more information about the directors on form SC2 which asks for their consent to carry out checks.

(B40) The responsible individual represents the organisation in its dealings with Ofsted. The Guide to registration for children’s social care services gives more information on the responsible individual.

You must give details of a responsible individual who is the most senior person with delegated, clearly identifiable and direct responsibility for managing, planning and monitoring the establishment or agency.

We ask for more information about this person on form SC2 which asks for their consent to carry out checks. The form must be included with the application unless the person has already submitted one to us.

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6 For the definition of a children’s home director please see The Children’s Homes (England) Regulations 2015 and the Guide to registration for children’s social care services.
**B Applicant details – organisation (continued)**

**B39** Persons who are part of the proposed Registered Provider

<table>
<thead>
<tr>
<th>Title</th>
<th>First name(s)</th>
<th>Surname</th>
<th>Date of birth</th>
<th>Position (see guidance note for B39)</th>
<th>Is this person disqualified?</th>
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<td>D D M M Y Y Y</td>
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<td>Yes ☐ No ☐</td>
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<td>D D M M Y Y Y</td>
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<td>Yes ☐ No ☐</td>
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</tbody>
</table>

I have submitted an SC2 form for any individual who is listed above as a director of a children's home (who is involved in the carrying on of the children's home).

**B40** Responsible individual

Title (please mark one or specify) ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other

First name(s) (in full)

Surname (family name)

Position within company

I have submitted an SC2 form for the responsible individual with this application.

Please ensure you have submitted an SC2 form for the responsible individual.

**B41** Will any of the above people have management responsibility for staff? ☐ Yes ☐ No

If you have answered yes, please list those people here.

**B42** Will any of the above people have significant contact with children? ☐ Yes ☐ No

If you have answered yes, please list those people here.
Section C – Premises

These questions concern the premises where you intend to provide children’s social care. You should identify premises and check whether planning permission is needed before making an application.

There are other agencies which may have an interest in your business such as the Fire Authority and the Environmental Health Department. The inspector may ask you about this at the registration visit. We may take the recommendations of other agencies into account when deciding on the suitability of the premises. The Guide to registration for children’s social care services gives more information on other agencies.

Our Guidance on the registration of multi-site children’s homes gives more information on registering children’s homes that operate on more than one site and is available at www.gov.uk/government/publications/registering-multi-site-childrens-homes.

(C1 – C4) If you are applying to register a residential holiday scheme for disabled children you should provide the details of the principal office used to carry out the administration of the holiday scheme.

Please use section H if you need more space.
### C Premises

<table>
<thead>
<tr>
<th>C1</th>
<th>Establishment or agency name</th>
</tr>
</thead>
<tbody>
<tr>
<td>C2</td>
<td>Full postal address of establishment or agency</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C3</th>
<th>Contact telephone number (including area code)</th>
</tr>
</thead>
<tbody>
<tr>
<td>C4</td>
<td>Email address</td>
</tr>
</tbody>
</table>

**C5** Will you have sole use of the premises?  
☐ Yes  ☐ No  
If 'No', please give details.

If you are applying to register an independent fostering agency, voluntary adoption agency or adoption support agency, please answer **C6** and then go to **C10**.

| C6 | Is the agency operated from more than one site?  
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>----</td>
<td>-----------------------------------------------</td>
</tr>
</tbody>
</table>

If yes, please provide the following information on each additional site

<table>
<thead>
<tr>
<th>Full postal address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Postcode</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Contact telephone number (including area code)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fax number</td>
</tr>
<tr>
<td>Email address</td>
</tr>
</tbody>
</table>

Details of any travel arrangements between sites.
Section C – Premises

You only need to answer C10 and C11 if you are applying to register a children’s home or a residential family centre.

(C10) You should find out whether planning permission is needed before making an application as this may cause delays in the process.

(C11) If planning permission is required we must see a copy of this before we can make a registration decision. If planning permission is not required we must see evidence from the local authority to confirm this. Please provide a copy of the planning permission or the confirmation that none is required, as soon as possible.

You do not need to answer C12 or C13 if you are applying to register a residential holiday scheme for disabled children.

(C12) You should find out if the premises you intend to use requires any changes to any planning permission already granted.

Please use section H if you need more space.
If you are applying to register a residential holiday scheme for disabled children, please answer C7 – C8 and then go to C10. If you are applying to register a children’s home or a residential family centre, please go to C9.

### C7
Please provide the below details for each site that the residential holiday scheme for disabled children will operate from. Please use section H if you need more space.

<table>
<thead>
<tr>
<th>Name</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td></td>
</tr>
<tr>
<td>Postcode</td>
<td></td>
</tr>
<tr>
<td>Email address</td>
<td></td>
</tr>
<tr>
<td>Dates of operation over the next 12 months</td>
<td></td>
</tr>
</tbody>
</table>

### C8
Please provide details of any travel arrangements used by the residential holiday scheme for disabled children.

### C9
Will you regularly use any other premises in connection with the establishment?  
Yes [ ] No [ ]

If 'Yes', please give the full address of the other premises and details of any travel arrangements between premises.

<p>| Postcode |  |  |  |  |</p>
<table>
<thead>
<tr>
<th>C10</th>
<th>Please give a brief description of the premises, including a description of whether the premises are purpose built or converted, and of the area they are located in.</th>
</tr>
</thead>
<tbody>
<tr>
<td>C11</td>
<td>Are the premises ready to meet the needs of the service users as set out in the statement of purpose?</td>
</tr>
<tr>
<td></td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td></td>
<td>If 'No', please give details of building work or conversions you need to meet the aims of the service, and the date the premises will be ready.</td>
</tr>
<tr>
<td>Completion date</td>
<td>D D M M Y Y Y Y Y</td>
</tr>
<tr>
<td>If you are applying to register a children’s home, a residential family centre, a voluntary adoption agency, an independent fostering agency or an adoption support agency, please answer C12 – C13 and then go to C15. If you are applying to register a residential holiday scheme for disabled children, please answer C14 and then go to C15.</td>
<td></td>
</tr>
<tr>
<td>C12</td>
<td>Do the premises require planning permission?</td>
</tr>
<tr>
<td></td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>C13</td>
<td>Have you obtained the required planning permission or do you have evidence from the local authority to confirm that planning permission is not required?</td>
</tr>
<tr>
<td></td>
<td>□ Yes, copy attached</td>
</tr>
<tr>
<td></td>
<td>□ Yes, copy to follow</td>
</tr>
<tr>
<td></td>
<td>□ No, planning application in progress</td>
</tr>
<tr>
<td>C14</td>
<td>Can you confirm the premises can be used without a change to the existing planning permission?</td>
</tr>
<tr>
<td></td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>C15</td>
<td>Does the building meet the requirements of the Disability Discrimination Act 2005 in terms of access?</td>
</tr>
<tr>
<td></td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td></td>
<td>If 'No', please give details.</td>
</tr>
<tr>
<td>C16</td>
<td>Please give a description of the security arrangements, including how you will safeguard access to the information you hold, and how you will restrict access from other buildings/other parts of the building (where appropriate).</td>
</tr>
</tbody>
</table>
Section D – Staff posts

(D1–D2) These questions ask for details, if you have them, about the staff posts you are recruiting to care for children and young people. We will discuss this further when we visit you.
### Staff posts

<table>
<thead>
<tr>
<th>Post</th>
<th>Duties and responsibilities</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td></td>
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<td></td>
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<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Duties and responsibilities**

What is the number of full time posts?

What is the number of part time posts?

Will anyone be living on the premises?  [ ] Yes  [ ] No
Section E – Information about your establishment or agency

(E1–E7) The details contained in section E relate to the Care Standards Act 2000 (England) (Registration) Regulations 2010. These details will form part of the conditions for your registration. For more information about conditions please see the Guide to registration for children’s social care services.

You only need to answer the questions in section E that apply to your application

E1: children’s homes
E2: residential family centres
E3: independent fostering agencies
E4: voluntary adoption agencies
E5: adoption support agencies (and voluntary adoption agencies providing adoption support)
E6: residential holiday schemes for disabled children
E7: all applicants must answer this question

(E1b) Please specify the maximum number of children in each category in line with your statement of purpose.

(E1e) For more information about children’s settings and registration with the Care Quality Commission please see CQC and Ofsted guidance: registration of healthcare at children’s homes available at www.gov.uk/government/publications/registration-of-healthcare-at-childrens-homes.

(E1f) Short-breaks services provide opportunities for disabled children and young people to spend time away from their primary carers. This can include overnight or weekend activities.


(E4b) Please note, if you answer yes to this question, a separate application must be completed for each voluntary adoption agency branch.
**E Information about your establishment or agency**

Please complete the section that applies to your establishment or agency

<table>
<thead>
<tr>
<th>E1 Children’s homes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>E1a</strong> Type of establishment (please mark one box only)</td>
</tr>
<tr>
<td>Secure children’s home</td>
</tr>
<tr>
<td>Refuge under section 51 of the Children Act 1989</td>
</tr>
<tr>
<td>Residential special school (accommodating any child for more than 295 days a year)</td>
</tr>
<tr>
<td>Boarding school (other than a special school) accommodating any child for more than 295 days a year</td>
</tr>
<tr>
<td>Children’s home (not in any of the other types above)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>E1b Who is the service for?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of registered places required?</td>
</tr>
<tr>
<td>Will the home be single sex occupancy?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Code</th>
<th>Max. no.</th>
</tr>
</thead>
<tbody>
<tr>
<td>EBD</td>
<td>Children with emotional or behavioural difficulties</td>
</tr>
<tr>
<td>PD</td>
<td>Children with physical disabilities</td>
</tr>
<tr>
<td>LD</td>
<td>Children with learning disabilities</td>
</tr>
<tr>
<td>MD</td>
<td>Children with mental disorders, not including learning disabilities</td>
</tr>
<tr>
<td>D</td>
<td>Children with present drug problems</td>
</tr>
<tr>
<td>A</td>
<td>Children with present alcohol problems</td>
</tr>
<tr>
<td>SI</td>
<td>Children with hearing or eyesight difficulties (sensory impairment)</td>
</tr>
</tbody>
</table>

| E1c Are you going to provide care for adults (people aged 18 and over) as well as children? | Yes □ No □ |

If you have answered ‘Yes’, please give details.

<table>
<thead>
<tr>
<th>E1d What is the age range of the children you will accommodate?</th>
<th>From</th>
<th>To</th>
</tr>
</thead>
</table>

| E1e Will you select children by any criteria other than age or sex? | Yes □ No □ |

If you have answered ‘yes’ please give details.

For questions E1f to E1n, please provide details about the following:
<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>E1f</td>
<td>The facilities and services you will provide</td>
</tr>
<tr>
<td>E1g</td>
<td>Your arrangements for protecting and promoting the health of children</td>
</tr>
<tr>
<td>E1h</td>
<td>Your fire precautions and emergency procedures</td>
</tr>
<tr>
<td>E1i</td>
<td>Your arrangements for children to follow religious observance</td>
</tr>
<tr>
<td>E1j</td>
<td>Your arrangements for contact between a child and his or her parents, relatives and friends</td>
</tr>
<tr>
<td>E1k</td>
<td>A description of the steps taken to ensure that the home is appropriately and suitably located</td>
</tr>
<tr>
<td>E1l</td>
<td>Your arrangements for children to raise questions and concerns about the home and your procedure for dealing with complaints</td>
</tr>
<tr>
<td>E1m</td>
<td>Your arrangements for the education of children</td>
</tr>
<tr>
<td>E1n</td>
<td>Your arrangements for reviewing placement plans</td>
</tr>
</tbody>
</table>

**E1o** Have you appointed an independent person who meets the criteria of regulation 43 of The Children’s Homes (England) Regulations 2015? [Yes] [No]

**E1p** Is your establishment registered/are you also applying to register any ‘registerable activities’ with the Care Quality Commission under the Health and Social Care Act 2008? [Yes] [No]

**E1q** Are you intending to provide a short-breaks service? [Yes] [No]

Please go to E7.
### Information about your establishment or agency (continued)

#### E2 Residential family centres

**E2a** How many families (this can be with one or two parents and one or more children) will you accommodate at the residential family centre?

**E2b** Will your establishment do any of the following?

<table>
<thead>
<tr>
<th>Service</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Take emergency admissions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Take direct referrals from a court</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Act as a refuge</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Care for adults (people over 18) who do not have their children with them</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Regularly admit children accompanied by carers other than their parents</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provide a service other than that of the residential family centre</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please go to E7.

#### E3 Independent fostering agencies

**E3a** Type of service (please mark one box only)

- An agency carrying out the functions of one or more local authorities in connection with placing children with foster parents
- A voluntary organisation that places children with foster parents under section 59(1) of the Children Act 1989

**E3b** Will your agency arrange for a foster parent to provide a refuge for children under section 51 of the Children’s Act 1989?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

**E3c** The fostering panel (please see the Fostering Services Regulations 2004, regulation 24). Please mark one box only.

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has your agency set up a fostering panel?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does your agency intend to set up more than one fostering panel?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does your agency intend to share a joint fostering panel with another one or two fostering services?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please go to E7.
### E Information about your establishment or agency (continued)

#### E4 Voluntary adoption agencies

##### E4a Type of service (please mark one box only)

<table>
<thead>
<tr>
<th></th>
<th>☐ Domestic adoption only</th>
<th>☐ Inter-country adoption only</th>
<th>☐ Domestic and inter-country adoption only</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☐ Domestic adoption</td>
<td>☐ Inter-country adoption</td>
<td>☐ Domestic and inter-country adoption</td>
</tr>
<tr>
<td></td>
<td>and adoption support</td>
<td>and adoption support</td>
<td>and adoption support services</td>
</tr>
<tr>
<td></td>
<td>services</td>
<td>services</td>
<td></td>
</tr>
</tbody>
</table>

##### E4b Will the voluntary adoption agency have any branches?  
☐ Yes ☐ No

If you have answered ‘yes’, please provide the address(es) and postcode(s) for each branch

##### E4c Do you have an adoption panel?  
☐ Yes ☐ No

If your agency has more than one branch, will you have more than one adoption panel?  
☐ Yes ☐ No

##### E4d Will your agency provide birth records counselling?  
☐ Yes ☐ No

##### E4e Will your agency provide intermediary services?  
☐ Yes ☐ No

If the agency provides adoption support please go to E5, otherwise please go to E7.
### E5 Adoption support agencies and voluntary adoption agencies providing adoption support

#### E5a Type of agency (please mark one box only)

- [ ] Adults
- [ ] Children
- [ ] Adults and children

#### E5b Will your agency provide any of the following?

<table>
<thead>
<tr>
<th>Service</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Counselling relating to adoption</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Advice and information about adoption</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Birth records counselling</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intermediary services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Support, including mediation services, relating to arrangements for contact between children who have been adopted, or who live with or have been matched with potential adopters, and their former families</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Services relating to the therapeutic needs of children who have been adopted or who live with or have been matched with potential adopters (such as art therapy or play therapy)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Support to make sure the relationship between children who have been (or may be) adopted and their adoptive parents continues, including training parents so that they can meet the child’s special needs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Support where there is (or could be) a disruption in an adoption, or placement for adoption, including mediation services and organising meetings to discuss disruptions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intermediary services: providing support to adults who have been adopted, and to their families, including helping them to find out about adoption and arrange contact if appropriate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Support to adoption agencies in preparing and training parents who want to adopt</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please go to E7.

### E6 Residential holiday schemes for disabled children

#### E6a What is the age range of the children you will accommodate?

<table>
<thead>
<tr>
<th>From</th>
<th>To</th>
</tr>
</thead>
</table>

#### E6b Will the holiday scheme be single sex occupancy?

- [ ] Yes
- [ ] No

#### E6c Will you select children by any criteria other than age or sex?

- [ ] Yes
- [ ] No

If you have answered ‘yes’ please give details
| **E6d** | Please provide details of the facilities and services you will provide |
| **E6e** | Please provide details about your procedure for dealing with any children who may go missing from the holiday scheme |
| **E6f** | Please provide details of your arrangements for children to raise questions and concerns about the holiday scheme and your procedure for dealing with complaints |

Please go to E7.

| **E7** | What will be the range of charges to the people using your establishment or agency? |
Section F – The manager of the establishment or agency

The manager is the person who has day-to-day management of the establishment or agency. Please provide details of the manager (refer to the Guide to registration for children’s social care services for the definition) and ensure that this person has completed a declaration and consent form (SC2), and this is included with your application where appropriate.

If they have not, you will need to include an SC2 form with the application and ask the person to complete a health declaration booklet. Details about this are included in the Guide to registration for children’s social care services.

The manager must have had all their checks completed before we can make a decision about your registration as a provider. We make a decision about your registration at the same time as we decide the manager’s application for registration.

Please note: we do not register the manager of a voluntary adoption agency and they do not have to complete an SC2 form. However their details should be completed on this page so that we know who they are.
### The manager of the establishment or agency

**F1** Title (please mark one or specify)  
☑️ Mr  ☐ Mrs  ☐ Miss  ☐ Ms  ☐ Other

<table>
<thead>
<tr>
<th>First name(s) (in full)</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Surname (family name)</th>
<th></th>
</tr>
</thead>
</table>

I have submitted an SC2 form for the proposed registered manager with this application  
☐

Please ensure you have submitted an SC2 form for the proposed registered manager.

**F2** Will the manager be running any other establishment, agency or business?  
☑️ Yes  ☐ No

If you have answered 'Yes', please give details.

**F3** For voluntary adoption agencies only: can you confirm that all checks specified in The Adoption Support Agencies (England) and Adoption Agencies (Miscellaneous Amendments) Regulations 2005 (Regulation 9) have been carried out?  
☐ Yes  ☐ No
**Section G – Agreement**

This section asks you to make certain declarations and agreements, and to sign the form having read and agreed to the information given. The form will be returned if you have not signed and dated this section.

It seeks your consent to carry out a series of checks. As part of the checks we ask other authorities/people to share with us information that they hold about you. We use the information from checks and from interviews with you to make a decision about your fitness to provide social care. It may be necessary to repeat these checks from time to time in order to assess your ongoing fitness. The checks we carry out are listed in the Guide to registration for children’s social care services. By signing the form in section G you are consenting to us carrying out checks and using information provided from the checks and the application form in the way set out above.

If during the registration process, or after registration is granted, there are changes to your circumstances that might affect your fitness to provide social care, you must let us know. These changes are set out in regulations and in the Guide to Registration for children’s social care services.

All applicants must pay a non-refundable fee on application. An application is not complete until the fee is received.

It is an offence to knowingly make a statement in an application which is false or misleading. If you do this you may be prosecuted and be liable to a fine of up to £5,000 if convicted. By signing the form in section G you are declaring that all the details in your application are true, to the best of your knowledge and belief.
G Agreement

I consent to Ofsted carrying out checks and using the information provided from the checks and this application form as explained on page 29.
I agree to notify Ofsted of any changes to the information on this form which may affect my suitability to provide social care.
I understand that my application is not complete until I have paid the application fee.
I declare that all the information I have given on this application form is true to the best of my knowledge and belief. I understand that my application may be refused if I have knowingly given false information or have withheld relevant details.
I agree to the details in section E of this application forming the conditions of my registration with Ofsted.
I declare every person who works, or is intended to work for the purposes of the establishment or agency who has regular contact with children or access to sensitive information about children, has an enhanced Disclosure and Barring Service certificate, where they are eligible for one.
Please tick one of the boxes below
I declare that I have not/my organisation has not made a previous application since 30 September 2010. ☐
I declare that I have/my organisation has made a previous application since 30 September 2010 and that where I have not supplied information in this application form it is because no change has occurred to information supplied in that previous application. ☐
The signature required below is that of the applicant for registration or a person with the authority to represent the applicant if an organisation.

Signed

Name

Status (for example individual, director, chairperson) Date of signature

Name of organisation (where appropriate)

Signed on behalf of (please mark one box only)

☐ company ☐ partnership ☐ statutory body/school ☐ committee
☐ other organisation (please specify)

Ofsted would like to seek your permission to contact you on behalf of research organisations for research purposes. Please mark the box if you do not agree.

☐ I do not agree to Ofsted contacting me in connection with Ofsted approved research projects.
Please do not put any additional information in a covering letter; use the space below. You can also use the space to finish off any questions on the form. Use a new paragraph per question and begin the paragraph with the question number in square brackets; for example, [A7].
What happens to the information provided?

We process your personal information in accordance with the Data Protection Act 1998. Under the Act you have certain rights regarding access to the personal information that we hold about you. You can request to see the personal information that we hold about you. You should contact us if you wish to make such a request.

We may get information about you from others, or we may give information to them. We will only do so in accordance with the law. We may check information we receive about you with what is already in our records. This can include information provided by you as well as by others such as other government departments and agencies. Please return the completed form, along with all other forms and fees, to:

Ofsted NBU
Piccadilly Gate
Store Street
Manchester
M1 2WD.

If you need any help completing the form please telephone us on 0300 123 1231.