**PRE-REGISTRATION FORM**

**If you believe that your service should be registered as an Independent Healthcare Service, please complete and return this form to Healthcare Improvement Scotland at** [his.ihcregulation@nhs.scot](mailto:his.ihcregulation@nhs.scot)

**If you meet the initial requirements of registration, as detailed in our documents below, you will then receive a log-in to allow you to apply to register your service and complete the full application process using our online portal.**

**Before you apply to register a service, you must make sure you have read and understood the associated guidance and legislation.**

* [Registration Guidance for Applicants](https://www.healthcareimprovementscotland.scot/publications/independent-healthcare-regulation-registration-guidance-for-applicants/)
* [Fixed Premises Guidance](https://www.healthcareimprovementscotland.scot/publications/independent-healthcare-regulation-guidance-for-providing-an-independent-clinic-from-fixed-premises/)
* [Guidance for Providing a Service in a Service User’s Home](https://www.healthcareimprovementscotland.scot/publications/independent-healthcare-regulation-guidance-for-providing-a-service-in-a-service-users-home/)
* [Regulation 12 Information for services (staffing requirements)](https://www.healthcareimprovementscotland.scot/publications/independent-healthcare-regulation-regulation-12-information-for-services/)
* [Definitions of Procedures](https://www.healthcareimprovementscotland.scot/publications/independent-healthcare-regulation-definitions-of-procedures/)
* [Health and Social Care Standards](https://www.gov.scot/publications/health-social-care-standards-support-life/)
* [The Quality Assurance Framework](https://www.healthcareimprovementscotland.scot/publications/the-quality-assurance-system-and-framework/)
* [The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011](https://www.legislation.gov.uk/ssi/2011/35/contents/made)
* Any other legislation relevant to your service.

**You should also read:**

* Scottish Health Technical Memorandum[SHTM 64 – Sanitary Assemblies](https://www.nss.nhs.scot/publications/building-component-series-sanitary-assemblies-shtm-64-v1/)
* Scottish Health Technical Memorandum [Scottish Health Technical Memorandum 03-01 (Ventilation for Healthcare Premises 2022)](https://www.nss.nhs.scot/publications/ventilation-for-healthcare-premises-shtm-03-01/)

Incomplete applications where questions are not fully answered or applications that do not meet the requirements of registration will be refused registration. The registration fee **will not be refunded if** the service cannot meet the requirements during the registration process or if the registration application is withdrawn.

**No fees should be paid until a fee notice has been issued by the team requesting payment**.

By submitting this application, I confirm that the information I have provided in this application is correct. I have read and understood the guidance and I confirm that the service meets the requirements of the guidance.

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| Name of service: |  | |
| Service address: |  | |
| Telephone number of service: |  | |
| Website address of service: |  | |
| Name of manager or owner: |  | |
| Email address of manager or owner: |  | |
| For individual/self-employed providers:  Name of provider: |  | |
| Provider address: |  | |
| For companies, partnerships, charities:  Registered company name (as registered at Companies House\*): \* If you are a charity, please give your details as registered with the Office of the Scottish Charity Regulator |  | |
| Name of director/legally responsible person/s: |  | |
| Does this provider have any other services already registered with Healthcare Improvement Scotland?  If yes, please give details |  | |
| Type of service you are looking to provide, see [Definitions of Procedures](https://www.healthcareimprovementscotland.scot/publications/independent-healthcare-regulation-definitions-of-procedures/) for example procedures, choose from:  *Clinic – Fixed Premises: Non-surgical procedures*  *Clinic – Fixed Premises: Non-surgical and surgical procedures*  *Clinic – Mobile*  *Clinic – From home address: Non-surgical procedures*  *Clinic – From home address: Non-surgical and surgical procedures*  *Clinic – Online*  *Dentist*  *Hospice*  *Psychiatric service*  *Hospital – day surgery*  *Hospital – overnight accommodation* |  | |
| Types of procedures that will be provided, see [Definitions of Procedures](https://www.healthcareimprovementscotland.scot/publications/independent-healthcare-regulation-definitions-of-procedures/) |  | |
| Do you treat NHS patients? **Delete as appropriate** | Yes | No |
| If yes, please provide name of NHS board and dental list number, if appropriate |  | |
| How many patients do you treat/expect to treat each year? |  | |
| Professional groups working in the service that are providing the service/treatments, e.g. registered doctor, nurse, midwife or dental care professional (clinical dental technician, dental hygienist, dental nurse, dental technician, dental therapist, orthodontic therapist) |  | |
| **Date(s) of registered healthcare professionals’ (as above) qualification:** |  | |
| Are you a prescriber? **Delete as appropriate** | Yes | No |
| If you are not a prescriber, please give prescriber details (if more than one prescriber, give details of main/lead prescriber): | Prescriber name: | |
| Professional registration: | |
| PIN number: | |
| Is there adequate staffing in terms of [Regulation 12 Information for services (staffing requirements)](https://www.healthcareimprovementscotland.scot/publications/independent-healthcare-regulation-regulation-12-information-for-services/) | Yes | No |
| Does the service require a [Controlled drugs accountable officer(s)](https://www.healthcareimprovementscotland.scot/inspections-reviews-and-regulation/safe-management-of-controlled-drugs/)? | Yes | No |

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| Has the applicant been assessed as being a fit person to provide an independent healthcare service in terms of [Regulation 5 Fitness of providers](https://www.legislation.gov.uk/ssi/2011/182/regulation/5/made)? | Yes | No |
| Has the manager been assessed as being a fit person to provide an independent healthcare service in terms of [Regulation 6 Fitness of managers](https://www.legislation.gov.uk/ssi/2011/182/regulation/6/made)? | Yes | No |
| Does the premises meet the requirements of [**Fixed Premises Guidance?**](https://www.healthcareimprovementscotland.scot/publications/independent-healthcare-regulation-guidance-for-providing-an-independent-clinic-from-fixed-premises/) Including:   * + Is there suitable ventilation?   + Are there suitable handwashing facilities?   + Are rooms of a suitable size? | Not Applicable – mobile and online services | |
| Yes | |
| In progress: improvements to meet current standards are being implemented | |
| No | |
| Are the policies and procedures suitable for the service and reflect best practice guidelines see [Registration Guidance for Applicants?](https://www.healthcareimprovementscotland.scot/publications/independent-healthcare-regulation-registration-guidance-for-applicants/) | Yes | |
| No | |

If you are unsure of how to answer any of the questions above or you would like to contact the Independent Healthcare team, please email us at [his.ihcregulation@nhs.scot](mailto:his.ihcregulation@nhs.scot).