



# **SOCIAL CARE STANDARDS AUTHORITY LICENSE APPLICATION**

<b>To be marked with an 'X' when applicable</b>	
<b>Type of Application</b>	<b>Type of License</b>
<input type="checkbox"/> New License	<input type="checkbox"/> Full License
<input type="checkbox"/> Renewal of License	<input type="checkbox"/> Emergency License
<input type="checkbox"/> Change of License	<input type="checkbox"/> Temporarily License

## LICENSE APPLICATION

In accordance with the Social Care Standards Authority Act, Chapter 582 of the Laws of Malta, this application must be completed in full for the service provision being applied for by the Service Provider and submitted together with the relevant documentation and received before the expiry of the license. Every service provider is to have a person who will be responsible for the overall service provision. In accordance with Article 2 of the said Act a:

1. Licensed Service Provider means any person or organisation that has been granted a license by the Authority to operate, provide or carry out an activity or operation or to provide a service relating to social welfare; and
2. Responsible Person means the owner or any other person, legally responsible for the service provision.

<b>SECTION 1: DETAILS OF SERVICE PROVIDER</b>	
*Details under this section may be published by the SCSA if not notified otherwise	
<b>A. NAME OF ORGANISATION*</b>	
<b>B. REGISTRATION NUMBER</b>	<input type="radio"/> Company Number _____ <input type="radio"/> Voluntary Organisation Number _____ <input type="radio"/> Other (Please specify) _____
<b>C. TYPE OF THE ORGANISATION</b>	<input type="radio"/> Public <input type="radio"/> Church <input type="radio"/> Private <input type="radio"/> NGO <input type="radio"/> Independent <input type="radio"/> Joint (please specify) _____ <input type="radio"/> Other (please specify) _____

LICENSE APPLICATION

D. OFFICIAL REGISTERED ADDRESS	
E. OFFICIAL TELEPHONE NUMBER*	
F. WEBSITE	
G. PURPOSE OF YOUR ORGANISATION OR ENTITY IN ACCORDANCE WITH THE ARTICLES OF ASSOCIATION/STATUTE	

**SECTION 2: DETAILS OF THE LEGAL RESPONSIBLE PERSON**

\*Details under this section may be published by the SCSA if not notified otherwise

A. NAME*					
B. SURNAME*					
C. ID CARD NUMBER					
D. MOBILE PHONE NUMBER					
E. FIXED LINE NUMBER					
F. E-MAIL ADDRESS*					
G. OFFICE ADDRESS					
H. IN CASE YOU ARE REGISTERED WITH ANY OTHER PROFESSIONAL BODIES	Professional Body	Registration Number	Date of Registration	Role in Professional Body	Expiry Date

	<input type="radio"/> Tick box to declare that as the LRP, you do not and will not act as a medical practitioner for any service user of the proposed care service.
--	---

**SECTION 3: DETAILS OF SERVICE**  
 \*Details under this section may be published by the SCSA if not notified otherwise

A. SCSA REFERENCE NUMBER ( <b>Internal Use</b> )	
B. NAME OF SERVICE*	
C. START OF OPERATION OF SERVICE	
D. Classification of the Service	<input type="radio"/> Minors (Under 18 years) <input type="radio"/> Adults <input type="radio"/> Families <input type="radio"/> Persons with disabilities <input type="radio"/> Victims of Domestic Violence <input type="radio"/> Persons with Addictions and dependencies <input type="radio"/> Senior Citizens <input type="radio"/> Other (Please specify) _____
E. ADDRESS FROM WHERE THE SERVICE IS BEING PROVIDED*: <ul style="list-style-type: none"> <li>• Number and/or name of premises</li> <li>• Street name</li> <li>• Town</li> </ul>	

<ul style="list-style-type: none"> <li>• Postcode</li> </ul>	
<p>F. TELEPHONE NUMBER*</p>	
<p>G. E-MAIL ADDRESS*</p>	
<p>H. TYPE OF SERVICE</p>	<ul style="list-style-type: none"> <li><input type="radio"/> Adoption</li> <li><input type="radio"/> Community</li> <li><input type="radio"/> Day Centres</li> <li><input type="radio"/> Fostering</li> <li><input type="radio"/> High Dependency Chronic Care Services</li> <li><input type="radio"/> Office-Based</li> <li><input type="radio"/> Residential Services</li> <li><input type="radio"/> Respite</li> <li><input type="radio"/> Shelter</li> </ul>
<p>I. SECTORS</p>	<ul style="list-style-type: none"> <li><input type="radio"/> Addictions</li> <li><input type="radio"/> Adults</li> <li><input type="radio"/> Children in Alternative Care</li> <li><input type="radio"/> Disability</li> <li><input type="radio"/> Domestic Violence</li> <li><input type="radio"/> Families</li> <li><input type="radio"/> Senior Citizens</li> <li><input type="radio"/> Senior Citizens living with Dementia</li> </ul>
<p>J. THE AIM OF THE SERVICE</p>	
<p>K. PROVIDE A DESCRIPTIVE SUMMARY HOW THE SERVICE PROVIDER SHALL ACHIEVE THE AIM AND THE OBJECTIVE OF THE SOCIAL WELFARE SERVICES TO BE PROVIDED INCLUDING</p>	

LICENSE APPLICATION

<p>ALSO ACTIVITIES, LIST OF SCHEDULES, ANY RESTRICTIONS AND/OR ALLOWANCES STRATEGIES THAT ARE RUN BY THE SAME PROGRAM</p>	
<p>L. PROVIDE THE DAYS AND TIME DURING WHICH THE SOCIAL WELFARE SERVICE SHALL BE DELIVERED.</p>	
<p>M. DETAILS OF THE SERVICE USERS GROUP INCLUDING:</p>	<ul style="list-style-type: none"> <li>○ Age group:             <ul style="list-style-type: none"> <li>○ Minors</li> <li>○ Adults</li> <li>○ Senior Citizens</li> </ul> </li> <li>○ Maximum number of service users: _____</li> <li>○ Current/Proposed number of service users: _____</li> <li>○ Number of beds (if applicable): _____</li> <li>○ Proposed number of beds (if applicable): _____</li> </ul>

**SECTION 4: DETAILS OF THE MANAGER**

A. NAME	
B. SURNAME	
C. ID CARD NUMBER	
D. MOBILE PHONE NUMBER	
E. FIXED LINE NUMBER	
F. E-MAIL ADDRESS	

## LICENSE APPLICATION

G. IN CASE YOU ARE REGISTERED WITH ANY OTHER PROFESSIONAL BODIES	Professional Body	Registration Number	Date of Registration	Role in Professional Body	Expiry Date
<input type="radio"/> Tick box to declare that as the Manager, you do not and will not act as a medical practitioner for any service user of the proposed care service.					

**SECTION 5: DETAILS OF THE OPERATIONS**
**A. COMPREHENSIVE INSURANCE POLICY (Copy of latest renewal insurance policy)**

TITLE OF INSURANCE POLICY	
COVERING PERIOD OF INSURANCE POLICY	
NAME OF ISSUING COMPANY	
INSURANCE COVERS	<input type="radio"/> Premises <input type="radio"/> Employees <input type="radio"/> Third Party

**B. HEALTH AND SAFETY RISK ASSESSMENT REPORT (Copy of latest Health and Safety Risk Assessment Report which should not be more than two years from the date of report)**

DATE OF RISK ASSESSMENT REPORT	
NAME OF HEALTH AND SAFETY OFFICER ISSUING THE RISK ASSESSMENT REPORT	

## LICENSE APPLICATION

SHORTCOMINGS OF HEALTH AND SAFETY RISK ASSESSMENT REPORT	Fill in Annex 2
<b>C. INTERNALLY APPOINTED HEALTH AND SAFETY OFFICER</b>	
NAME	
SURNAME	
ID CARD NUMBER	

<b>SECTION 6: CONTACT DETAILS</b> (Preferred address where the license certificate and any relevant information are to be sent)	
A. DOOR NUMBER AND NAME OF PREMISES	
B. STREET NAME	
C. TOWN	
D. POST CODE	

<b>SECTION 7: ADDITIONAL DOCUMENTATION TO BE PROVIDED</b>	
<b>** For new applications/temporary/emergency or when changes are requested</b>	
A. ORGANISATION STRUCTURE**	Including details of the size of the Organisation, Details of any associated entities within the organisation, the number of officers, partners, or individuals concerned in the management to control of the organisation, organisational structure.
B. HISTORY OF THE ORGANISATION**	Description of Organisation history including the date of incorporation/association, details of any previous management, any association with other organisations or individuals involved in the provision of care.



LICENSE APPLICATION

<p>C. COPY OF REGISTRATION CERTIFICATE**</p> <ul style="list-style-type: none"> <li>• Articles and Memorandum of Association and certificate of Incorporation (Companies);</li> <li>• Partnership Agreement;</li> <li>• Joint Venture Agreement;</li> <li>• Constitution or working Agreement (Association/Organisation); or</li> <li>• Voluntary Organisation Certificate</li> </ul>
<p>D. VALIDATED LIST OF EMPLOYEES</p> <p>Fill in Annex 1.</p>
<p>E. A COPY OF THE CONTINGENCY PLAN IN CASE OF EMERGENCY OR CLOSURE**</p>
<p>F. COPY OF POLICIES AND PROCEDURES**</p> <p>Providing detail how service intends to meet the needs of the service users and should have regards to the size of the service, the statement of aims and objectives and the number and needs of service users.</p>
<p>G. COPY OF CV AND POLICE CONDUCT FOR LRP**</p>
<p>H. COPY OF CV AND POLICE CONDUCT FOR MANAGER**</p>
<p>I. IN CASE OF SERVICE PROVIDED TO MINORS POMA COURT DECREE</p>
<p>J. FLOOR PLANS APPROVED BY PLANNING AUTHORITY AND VERIFIED BY A WARRANTED ARCHITECT (If applicable)**</p> <p>To provide total indoor area as well as the outside activity area, indicating the room sizes in square meters, giving full details of the ventilation, heating and lighting of the premises, where available copies of any surveyor's report on the premises.</p>
<p>K. COMPLETION CERTIFICATE**</p> <p>For new buildings or substantial building works certifying that premises are presently capable of being used for the purposes of achieving the aims and objectives of the care service. If in the negative, you are kindly requested to provide details of planning permission, building works or conversion required.</p>
<p>L. CRPD CERTIFICATION (If applicable)**</p>

M. INSURANCE POLICY Policy covering premises, employees, business continuity, users. In case that premises is leased or rented, kindly provide information about the landlord and the terms and conditions of the lease.
N. LIGHT & VENTILATION REPORT**
O. FIRE & SAFETY REPORT **
P. ENGINEERING REPORT **
Q. LIFT CERTIFICATION REPORT.
R. LEGIONELLA TESTING.

**SECTION 8: DATA PROTECTION**

The Social Care Standards Authority may at any time require the service provider to submit any relevant documentation including but not limited to Protection of Minors’ Act Certificates; Police Conduct Certificates; CVs and any other related documentation and information that may serve in relation to the social welfare service for the purpose of fulfilling its functions under Chapter 582 of the Laws of Malta and under any other regulations.

It is the responsibility of the service provider to ensure that all relevant documentation and other information is kept accurate and updated at all times. All requested documentation shall be made available within fifteen (15) days from the requested date.

The Social Care Standards Authority shall not be held liable arising out of information, which is incomplete, insufficient or in any other manner, submitted by the service provider during the processing of the application. Data (Including personal data but not limited to) submitted to the Social Care Standards Authority may also be shared with other regulators and government bodies where necessary or expedient to assist in accordance to Law. The Social Care Standards Authority will use and protect personal data in accordance with the Data Protection Act, 2018 (Chapter 586

of the Laws of Malta) and any other relevant legislation. Any information that requires to be confidential SCSA shall be notified by the Licensed Service Provider at the earliest.

## SECTION 9: DECLARATION

The Licensed Service Provider is to ensure that any changes in its Operational, Risk Matters, and/or Service Delivery, and/or changes that may impact the operations of license granted, shall inform the Authority without any delay, giving an explanation for such changes.

Any such changes are to be approved by the Authority and the Licensed Service Provider is to adhere to the directions issued by the Authority. The Licensed Service Provider is to provide all documentation and other relevant information when so requested by the Authority without prejudice to the powers conferred to it by the said Act.

It is the sole responsibility of the service provider and/or the responsible person to ensure that application, information, documentation, or any other relevant data submitted are accurate and always updated and submitted in time. Failure to make full and accurate disclosure during the application process may be treated by the Social Care Standards Authority as being deemed not suitable to provide a licensed social welfare service.

For any breach of the conditions for licensing, failure to disclose all information so requested or any changes in the circumstances, ceasing to comply with the conditions and the non-suitability to provide the service under which this license has been granted, the Authority may revoke the license at any time and impose penalties and other sanctions under this Act.

The service provider and/or the responsible person consents that all information, personal data, and any other relevant information which may have been requested during the processing of the application may be transmitted or shared with other regulatory bodies and any other authorities in line with legal obligations arising out of contractual or by any Law in force at the time.

LICENSE APPLICATION

The Service Provider and/or the responsible person shall comply with the eligibility criteria specified by the Social Care Standards Authority, and with any standards and regulations relevant to the social welfare service being provided.

The Service Provider and/or the responsible person confirm/s that all employees engaged were appointed through a robust and thorough recruitment procedure to ensure that all employees are suitable to be employed in their assigned roles.

The Service Provider and/or the responsible person confirm/s that is not in violation of any applicable law or regulation.

The Authority will hold the Licensed Service Provider and the Responsible Person jointly and severally responsible for any indemnity incurred from any third-party liability resulting from but not limited to:

- incomplete and/or incorrect data and documentation in this application.
- the provision of the service;
- breaches of the conditions of the license, the pertinent legislation, and Social Regulatory Standards; and
- incorrect and/or incomplete reporting and documentation, in the delivery of the service.

The undersigned declare that in their capacity of their roles as authorised by the Service provider can submit this application form.

The signatories of this application for the license hereby agree that the granting of the license obliges the licensee to provide the licensed social welfare service concerned, to be in full compliance at all times with the standing legislation, the relative Social Regulatory Standards (where applicable) and the conditions of the license and to provide full accurate data and documentation throughout the provision of the service.

Name of Service Provider		Signature	
Name of Responsible Person		Signature	

LICENSE APPLICATION

Name of Manager		Signature	
Date of Application			



Description of Shortcoming identified by Health Risk Officer	Completion Time Frames

Annex 2: Shortcomings of Risk Assessment Report