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| **Applicant**- means prospective operator person or entity who or that has duly submitted an application for the registration of a residential care facility for children pursuant to the regulations. | | |
| **Operator-** in relation to a residential care facility for children means any persons, a group of persons, partnership, association, organization, unincorporated entity , corporated entity, institution, or agency, whether public or private, who or which has been issued a license to operate a Residential Care Facility Centre (RCFC) pursuant to the Act and Regulations | | |
| **Provider**- in relation to a RCFC means the primary person responsible for the day to day operation of the facility**.** | | |
| **Section A: Applicant Information** |  |  |
| |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **A1.** Name of the Applicant | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | | | | | First | | | | | | | | | Middle | | | | | | | | | Last | | | | | | | | | **A2.** Contact telephone numbers for the Applicant | | | | | | | | | | Landline: | | | | | |  | | | | | | Cell / Other: | | | | | | |  | | | | **A3.** Name of the Provider (Or tick if same as Applicant 🞎) | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | | | | | First | | | | | | | | | Middle | | | | | | | | | Last | | | | | | | | | **A4.** Contact telephone numbers for the Provider | | | | | | | | | | Landline: | | | | | |  | | | | | | Cell / Other: | | | | | | |  | | | | **A5.** Address of... | | | | | Applicant | | | | | | | | | | | | | Provider (Tick if same as Applicant🞎) | | | | | | | | | | | | | | | Address # and Street Name: | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | | | City / Town / Village: | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | | | District (if in Belize) | | | | | 🞎Bz | | 🞎Cz | | 🞎Ow | | | 🞎 Cy | | 🞎Sc | | | 🞎Tl | 🞎Bz | | | 🞎Cz | | 🞎Ow | | | 🞎 Cy | | | | 🞎Sc | 🞎Tl | | Country | | | | | Belize | | | | | | | | | | | | |  | | | | | | | | | | | | | | | **A6.**Email Address... | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | | | **Section B: Facility Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | **B1.** Name of the Facility as it is to appear on the license | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | **B2.** Is the address of the facility the same as for the Applicant/ Provider | | | | | | | | | | | | | | | | | | 🞎 Yes... answer B3. | | | | | | | 🞎 No... answer B4 | | | | | | | | **B3**. Please list the occupants of the facility address: (***if you need more space, please write on the back and tick this box***🞎) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Name (Given, Family) | | | | | | | | Sex ***(M/F)*** | | | Date of Birth (d/m/y) | | | | | | | | Relationship to Applicant/ Operator | | | | | | | | | | | | | |  | | | | | | | |  | | |  | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | |  | | |  | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | |  | | |  | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | |  | | |  | | | | | | | |  | | | | | | | | | | | | | | ***If you have listed the facility occupants above, then please continue with question B5, otherwise please complete B4 immediately below*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **B4**. Address of the facility... | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | Address # and Street Name: | | | |  | | | | | | | | | | | | | | Telephone number: | | | | | | | | |  | | | | | | City / Town / Village: | |  | |  | | | | | | | | | | | | District: | | 🞎Bz | | | 🞎Cz | | 🞎Ow | | | 🞎 Cy | | | | 🞎Sc | 🞎Tl | | **B5.** Type of  Facility  (tick as many as apply) | 🞎1. A facility for abuse, neglected, abandoned and/or orphaned children from birth to 13 years old | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 🞎2. A facility for abuse, neglected, abandoned and/or orphaned children aged 14 to 18 years old | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 🞎3. A facility for children who have committed status or summary offences aged 12 to 14 years old | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 🞎4. A facility for children who have committed status or summary offences 15 to 18 years old | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 🞎5. A facility for children who have committed an indictable offence 12 to 14 years | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 🞎6. A facility for children who have committed an indictable offence 15 to 18 years old | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | **B6.** Maximum capacity (number of children) you wish to care for at this facility? | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | | | | **B7.** When would like to open the facility? (d/m/y) | | | | | | | | | | |  | | | | | | | | |  | | | | | | | |  | | | | | **B8.** What other services would be offered at the facility? | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| **Section C: Facility Staff** | | | |
| **C1**. Proposed number of staff\* at the facility: (***if you need more space, please write on the back and tick this box***🞎) | | | |
| |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | Staff Name | Date of Birth  (d/m/y) | | | Belizean? | | Position in Facility and Duties | Qualifications / Experience of working with children | | 1 |  | ***d*** | ***m*** | ***y*** | 🞎 Y | 🞎 N |  |  | | 2 |  | ***d*** | ***m*** | ***y*** | 🞎 Y | 🞎N |  |  | | 3 |  | ***d*** | ***m*** | ***y*** | 🞎 Y | 🞎N |  |  | | 4 |  | ***d*** | ***m*** | ***y*** | 🞎 Y | 🞎N |  |  | | 5 |  | ***d*** | ***m*** | ***y*** | 🞎 Y | 🞎N |  |  | | 6 |  | ***d*** | ***m*** | ***y*** | 🞎 Y | 🞎N |  |  | | | | |
| ***\* According to the regulations, ‘staff’ means all persons employed by the Residential Care Facility Centre (RCFC), including an ‘assistant’ who is defined as “...any person who assists the provider of the RCFC in caring for the children at the RCFC”.*** | | | |
| **Section D: Checklist and Declaration** | | | |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | **D1.**Has the Applicant /Provider, ever applied for, or held, a license for a care facility for children before? | 🞎Yes | 🞎No (gotoD3) | 🞎Yes | 🞎No (go to D3) | | Applicant | | Provider | | | | | |
| **D2.** For what reasons are you reapplying? |  | |  |
| **D3.** Has any staff member, applicant or provider ever been accused of child abuse? | | 🞎Yes | 🞎No |
| Please confirm each of the following documents is being submitted with this application. (Place a tick in the Applicant column only)   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Document** | **Applicant** | **Office** | **Document** | **Applicant** | **Office** | | Floor Plan | 🞎 | 🞎 | Photographs of the layout of the facility | 🞎 | 🞎 | | Operations Manual | 🞎 | 🞎 | Medical Checks | 🞎 | 🞎 | | Treasury Receipt | 🞎 | 🞎 | 3 Letters of Reference per Staff member | 🞎 | 🞎 | | Treasury *Receipt #:* |  | | Police Record *(All Belizean staff)* | 🞎 | 🞎 | | ***OR*** Copy of picture page of passport *(All non-Belizean staff)* |   **Declaration:**  I understand that an interview/inspection is part of the application process, and that the Ministry will make its own investigations regarding the information submitted in this application. I hereby give consent to allow access to the facility for such purposes, and understand that any false allegations contained herein make me subject to penalties as set out in the appropriate regulations, and invalidate this application. I also understand that any changes regarding location, operator, services, capacity, or providers must be immediately reported to the Inspector of Social Service Institutions in the Ministry.   |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | Signature of Applicant |  | Date (d / m / y) |  |   **Section E: Receipt (Office Use Only)**   |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | I |  | , have received the above child care facility application form on | | | | *d* | *m* | | *y* | |  | The application contained all the appropriate documents | | 🞎Yes | 🞎 No | Application #: | | |  | | | | | |