



GOVERNMENT OF BERMUDA

Ministry of Health

Ageing and Disability Services

Change in Operator of Care Home Application Form

In addition to this form, the proposed new Operator is to submit the required documentation listed under no.6 in the ***Licencing of Residential Care Homes and Nursing Homes: Application Overview***, in accordance with the Residential Care Homes and Nursing Homes Act 1999, Regulations 2001 and Code of Practice 2018.

1. Current Name of Care Home: _____
2. Change in Name of Home (if any): _____
3. Address: _____

4. New Operator Name: _____
5. New Operator Contact information: Phone _____ E-mail: _____
6. Indicate if any proposed changes are being requested to:
 - a. Type of care home: _____
 - b. Services provided (day care, dementia care etc): _____

7. Please indicate any other information that may assist Ageing and Disability Services in assessing the application (e.g. timeline for sale etc.):

Signature of New Operator: _____ Date: _____

Signature of Current Operator: _____ Date: _____

Print name: _____



Self- Declaration for Operator of a Care Home

The Operator is the owner of a residential care home or nursing home (herein called care home). The care home license is issued to the Operator as they have ultimate responsibility over the operation of the home. In accordance with the Residential Care Homes Act 1999, and the Code of Practice 2018 v1.1 the following self-declaration must be submitted by the Operator as part of their fit and proper determination by the regulatory authority.

If the Operator of the home is a Board or Trust, a declaration must be submitted for each member.

A. Indicate if any of the below are applicable, whether under the laws of Bermuda or any other jurisdiction in the past 5 years. If you answer yes to any of the following questions provide an explanation on a separate sheet of paper and submit with this declaration.

- | | | |
|--|---------------------------------|--------------------------------|
| 1. Charged or convicted of an offence (excluding traffic violations) under any criminal law or other law in force? | YES
<input type="checkbox"/> | NO
<input type="checkbox"/> |
| 2. Subject of, or convicted in any regulatory, civil, or other action or proceeding? | YES
<input type="checkbox"/> | NO
<input type="checkbox"/> |
| 3. Subject of bankruptcy or receivership proceedings? | YES
<input type="checkbox"/> | NO
<input type="checkbox"/> |
| 4. Subject of a court judgment or writ, or failed to satisfy a judgment or writ? | YES
<input type="checkbox"/> | NO
<input type="checkbox"/> |
| 5. Refused or had suspended or cancelled a business license or registration? | YES
<input type="checkbox"/> | NO
<input type="checkbox"/> |

B. Indicate any potential conflict in interest in relation to owning and operating a care home:

C. By signing this form I, the Operator, agree:

- The information is true and accurate to the best of my knowledge. I understand that false statements may result in the denial or removal of my registration.
- To notify Ageing and Disability Services of any changes to the information provided in this form.
- For Ageing and Disability Services to contact relevant persons (including but not limited to regulatory and government entities) to verify the information provided in this application.

Signature of New Operator: _____ Date: _____

Print name: _____