



REPUBLIC OF CYPRUS

MINISTRY OF LABOUR AND SOCIAL INSURANCE
SOCIAL WELFARE SERVICES

TABLE ONE

ADULT DAY-CARE CENTRES REGULATIONS
(Regulation 3)

APPLICATION FORM FOR THE REGISTRATION OF AN ADULT DAY-CARE CENTRE

Director
of Social Welfare Services
Lefkosia,

- (A) According to Article 4 of the Adult Day-Care Centre Law N. 38(I)/97 and N. 64(I)/2011, please register the following Centre:

Name:
Address:
Phone Number:

- (B) Complete the following information regarding the Owner (Natural or Legal Person):

Name and Surname:
Address:
Telephone Number:
ID Number:
Company's Registration Number (if applied):

(C) I verify that I have read the Adult Day-Care Centre Law N.38(I)/97, N.64(I)/2011 and Regulations 394/2000, 143/2011 and submit the following documents:

- (1) Certificates of Eligibility from the following authorities:
 - (a) Department of Fire Safety.
 - (b) Public Health Services
 - (c) Department of Public Works.
 - (d) Department of Electrical and Mechanical Services.
- (2) The Building Permit or Town Planning Permit.
- (3) The architectural plans and the exact dimensions of the building.
- (4) The manager's qualification certificates.
- (5) Staff members' qualification certificates
- (6) Health Certificates, stating that each staff member is free of any contagious disease*.
- (7) Certificate of Clear Criminal Record for each staff member*.
- (8) Copy of Identity card for each staff member.

Applicant's Signature:

Applicant's Name:

Applicant's Address:

Applicant's Telephone Number:

Date:

Note: * Original certificates are required. Copies are accepted for other certificates required.