Suitable person questionnaire for a registered provider or responsible individual

**This document was withdrawn on 1 July 2025.** Applicants do not need to complete this questionnaire at the registration stage of application. Suitability is assessed at interview stage.

Care Standards Act 2000, Registration Regulations 2010 and other associated regulations

This questionnaire is to help us assess your suitability to be registered as a provider or a responsible individual of:

* a voluntary adoption agency
* an adoption support agency
* an independent fostering agency
* a residential family centre
* a holiday scheme for disabled children.

To run a children’s social care establishment or agency, you need to have a thorough understanding of the responsibilities placed on you by the regulations, and where applicable, national minimum standards (NMS) and statutory guidance.

We will use your answers as a basis for your suitable person interview. We will also use them, together with all the other information we ask for, to decide whether or not we will register you. **It is important that you use your own words to complete this questionnaire. Failure to do this will be taken into consideration when deciding about your suitability.**

If you are completing the form in hard-copy and wish to write more than the space allows, please add separate sheets and make clear which question they relate to. If you are completing it electronically, each box will expand as you type into it.

If you would like more information on how to register a social care service, please phone our enquiries line on 0300 123 1231 or email us at [enquiries@ofsted.gov.uk](mailto:enquiries@ofsted.gov.uk).

## Please provide the following information

1. Your name:
2. Name of the agency or establishment that you are applying to be the registered provider or responsible individual of:
3. Type of service - Please select the appropriate box below:

* Voluntary adoption agency
* Adoption support agency
* Residential family centre
* Independent fostering agency
* Residential holiday scheme for disabled children

1. Address of the agency or establishment stated in the application:

## About this questionnaire

This questionnaire gives you an opportunity to outline your skills, knowledge and experience, and to explain to us in detail how you will ensure that children and adult service users’ needs are protected and consistently met well.

Your answers must be your own words and demonstrate:

* your understanding of the type of establishment or agency you are applying to register and the particular kinds of services you propose to provide
* how you will ensure through your leadership, oversight and strategic management that the standards of care, help, protection and support that your agency or establishment provides will be of a high standard
* how the services you offer will meet the specific needs of the individual children and adult service users
* your knowledge of help and protection
* that you have the capacity, experience and skills to supervise the management of the establishment or agency
* how your leadership and management will result in positive experiences and/or progress of individual children and adult service users
* how you will actively promote tolerance, equality and diversity, and challenge any discriminatory behaviours
* your ability to plan for the future to ensure that your establishment or agency is sustainable, continues to meet legal requirements and strives for improvement
* your understanding of the legislation and guidance that applies to your agency or establishment
* your knowledge of Ofsted’s policies and procedures, including the guidance on the inspection framework for the type of agency or establishment you are registering to provide, which is available on our website: [www.gov.uk/government/collections/social-care-common-inspection-framework-sccif](http://www.gov.uk/government/collections/social-care-common-inspection-framework-sccif).

Please answer the following questions about your leadership and management, knowledge and experience, providing examples where appropriate.

### Questions

1. How will your experience, qualifications and knowledge make you a suitable person to be a registered provider or responsible individual for this establishment or agency?

1. What do you think are your responsibilities as the provider or responsible provider of this establishment or agency?

1. What have you done to ensure that the location of the service is suitable and how will you continue to ensure that its location remains suitable?

1. What do you consider to be the overall aims of the service? What do you think that children and adults need in order to be making progress and have positive experiences?

1. How will you ensure that you lead and manage the service in a way that is consistent with the approach and ethos, and delivers the outcomes, set out in the statement of purpose? Please provide an example of when you have been instrumental in managing positive change in workplace culture.

1. How will you enable, inspire and lead a culture that helps children and adults to aspire to fulfil their potential and promotes their welfare; ensure that you have sufficient financial resources, and continue to meet your own training and development needs as well as those of your staff?

1. How will you ensure that the service has sufficient staff to provide care for each child and adult and that staff have the experience, qualifications and skills to meet the needs of each child; and that the home’s workforce provides continuity of care to each child? Please include details of how you will support and manage the proposed registered manager, and provide an example of where you have promoted and achieved improvements in practice.

1. How will you use monitoring and review systems to understand the impact that the quality of care provided by the service, is having on the progress and experiences of each child and adult, and use this understanding to inform the development of the quality of care provided? Please provide an example of when you have successfully challenged poor practice.

1. How will you actively promote tolerance, equality and diversity? Please provide an example from your own practice, where you have made a positive difference to those being discriminated against.

1. How will you ensure that staff develop positive relationships with children and adults, and engage with them appropriately; taking account of their views, wishes and feelings in matters relating to their care, welfare and lives? Please provide an example of when you have amended staff practice in light of the wishes and feelings of children and adults who use your services.

1. How will you know that children are making appropriate and measurable progress towards achieving their educational potential? How will you support the service to make a difference to each child’s educational progress?

1. How will you ensure that staff support children and adults to take part in and benefit from a variety of experiences and activities that meet their needs, and develop and reflect their creative, cultural, intellectual, physical and social interests and skills?

1. How will you ensure that staff meet children and adult’s health needs, including mental health and well-being, that they receive the advice, services and support they need, and receive help to lead healthy lifestyles? How will you support the service to make a positive difference to the health of those who use these services?

1. What statutory guidance and other relevant legislation will you follow to ensure that children are helped and protected from harm (including neglect, abuse, sexual exploitation, accidents, self-harm, bullying and radicalisation) and enabled to keep themselves safe? Please provide an example where your actions have safeguarded a child.

1. How will you ensure that staff recognise and manage the risk of children and adults going missing, and that they respond effectively if they do go missing?

1. Please outline any further information or issues that you would like to discuss with the inspector at the interview.

**Thank you for completing this form.**

Signed:

Name:

Date of signature:

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Piccadilly Gate

Store Street

Manchester

M1 2WD

T: 0300 123 1231

Textphone: 0161 618 8524

E: enquiries@ofsted.gov.uk

W: [www.gov.uk/ofsted](http://www.gov.uk/ofsted)

No. 170009

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