



NMH PROVIDER REGISTRATION

Online Registration Guidance

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Introduction

The purpose of this document is to provide a guide on each of the sections of the online registration process for Non-Medical Helper Providers (NMH). An NMH provider may be an organisation (including an HEI) or a self-employed support worker. Throughout the document the term NMH provider will be used to include organisations and self-employed support workers.

The NMH online registration form is made up of the 6 sections noted below –

- Section 1 - asks questions on the NMH providers contact details
- Section 2 - asks questions on the type of NMH provider and staff available
- Section 3 - asks questions on the NMH provider and insurance details
- Section 4 - asks questions on the NMH services provided and associated costs
- Section 5 - asks questions on the quality assurance and policy documents
- Section 6 - contains a declaration to confirm that the details submitted are correct.

The questions marked with (*) are mandatory fields and must be completed by all organisations.

Please see below for instructions on how to complete each section.

Note: You should ensure that you have all of the required information available before starting the application. You must complete the full application as there is no facility to save and revisit.

Section 1

This section contains questions relating to the NMH provider's contact details.

1.1 Please enter the full name of the NMH provider to be displayed on the website. This field will be used as one of the main searches for your organisation.

1.2 Please enter the contact address; this is the address which will be published on the website. You will see this question is split into three fields: it is important that you enter each line of your address in a separate field.

1.3 Please enter the town or city where the NMH provider is based.

1.4 Please enter the postcode where the NMH provider is based. This field will be used as one of the main searches for your organisation if you provide distance learning support

1.5 If the address in 1.2 is different to your company's registered address, please enter the company's registered address.

1.6 Please enter the contact telephone number; this will be published on the website.

1.7 If the NMH provider has a website, please enter the link.

1.8 Please enter the name of the main contact; this will be published on the website.

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1.9 Please enter the main contact's telephone number; this information will **not** be published on the website. This is for internal use by DSA-QAG.

1.10 Please enter the main contact's email address; this will be published on the website.

1.11 Please enter your office opening hours for Monday – Friday. Please note that your submission must be in the following format: 09:00 – 17:00.

1.12 If you offer NMH services in the evening, please select yes, if not, please select no.

1.13 If you offer NMH services at the weekend, please select yes, if not, please select no.

1.14 If you were required to provide service(s) to a student at your own premises, do you have confidential and accessible facilities? Please select yes, if you do. If not, please select no. NMH providers should ensure support is delivered in venues considered appropriate by the NMH provider and the student, taking account of accessibility and suitability, health and safety and lone-working requirements. Providers must make sure that the location is appropriate and suitable to meet the requirements of the student. Providers must take account of accessibility issues of the location – in relation to the venue, the lighting, the noise, the available space. Providers must make sure that the venue is supervised, and is not isolated, remote or non-public.

Section 2

This section contains questions relating to the NMH services provided by the NMH provider.

2.1 Please select an option from the dropdown list, indicating whether your organisation is an HE provider, business or sole trader.

2.2 Please select an option from the drop down list, indicating whether your organisation is a Public Limited Company, Limited Company, Limited Liability Partnership, Other Partnership, Sole Trader or Other. This is for internal use by DSA-QAG.

2.3 If you have selected other in question 2.2, please specify what type of organisation the company is. This is for internal use by DSA-QAG.

2.4 Please enter the number of NMH provider support workers employed by your organisation who will provide NMH services under DSA. This is for internal use by DSA-QAG.

2.5 This section is where you are required to upload the completed staff list template that contains all support workers who will provide NMH services under DSA. To upload the file, select 'choose file' this will allow you to browse your files and select a document to upload. Please note, this will only allow an **Excel** document to be uploaded.

Note: You should not alter the format of the staff list provided, as this will delay your application.

A copy of the NMH roles, mandatory qualifications and professional body membership can be found at <https://dsa-qag.org.uk/practitioner/nmh-providers/registering-nmh-provider>

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Section 3

This section contains questions relating to details of the NMH provider, including insurance arrangements if appropriate.

3.1 Please select the field, this will display a calendar. Select the month and then the year of incorporation; this will then display the calendar whereby you can select the actual date. Alternatively, enter the date in the format DD/MM/YYYY. Please note, this question is only applicable for NMH providers registered with Companies House.

3.2 Please enter your company registration number. Please note, this question is only applicable for NMH providers registered with Companies House.

3.3 Please enter your company VAT registration number if you are VAT registered. Please note, this question is only applicable for NMH providers who are required to register for VAT.

3.4 If you are a sole trader and are currently registered with HMRC for payment of tax and National Insurance, please select yes, if not, please select no. Please note DSAs funding will not be available for individuals without an appropriate employment status i.e. you must be registered with HMRC to pay tax and national insurance on your earnings.

3.5 If you have answered yes, in question 3.4, you should enter your unique tax reference number.

3.6 Please select all of the insurance cover that the NMH provider has in place. The options are Employers Liability Insurance, Public Liability Insurance and Professional Indemnity Insurance. Please note, for sole traders Public Liability Insurance is required and Professional Indemnity Insurance is recommended. For HE Providers and Businesses, Employers Liability Insurance and Public Liability Insurance are required and Professional Indemnity Insurance is recommended.

3.7 Please enter the maximum amount you are covered for Employer's Liability Insurance. The value used as an example is the minimum recommended by the insurance industry.

3.8 Please enter the maximum amount you are covered for Public Liability Insurance. The value used as an example is the minimum recommended by the insurance industry.

3.9 Please enter the maximum amount you are covered for Professional Indemnity Insurance. The value used as an example is the minimum recommended by the insurance industry.

Section 4

This section contains questions relating to the services offered by the NMH provider and the associated costs.

4.1 Please select from the list, the type of NMH support your organisation provides. The options are – standard (in person), remote delivery (e.g. skype / Facetime) or distance learning. If you provide more than one type of support, please ensure you select all options that you provide.

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4.2 Please enter the URL where your standard NMH rates table can be accessed on your website. This must be completed for all NMH providers with a website.

4.3 This section is where you can upload the standard rates template. To upload the file select 'choose file', this will allow you to browse your files and select a document to upload. Please note, this will only let you upload a **Word** document, which is the format of the standard template.

4.4 Please select from the list, the regions where you supply or are able to supply NMH services, this information will be published on the website. The options are – East Anglia, East Midlands, Greater London, North East, North West, Northern Ireland, Scotland, South East, South West, Wales, West Midlands and Yorkshire & Humberside. You are able to select more than one region.

4.5 If you supply NMH services to an HE institution, please select the name of the HE institution from the list, this information will be published on the website. If you provide services in more than one HEI institution, please select the required HE institutions.

Section 5

This section contains questions relating to quality assurance and policy documents available within the NMH provider's service.

5.1 If the NMH provider has a quality assurance framework that you adhere to, please select yes, select no if you do not.

5.2 If the NMH provider is registered to a quality assurance body (e.g. ISO), please select yes, select no if not.

5.3 If the NMH provider is registered to a quality assurance body, please enter the name of this body.

5.4 Please select all of the policies used by the NMH provider. The options are - complaints policy, data protection policy, equality and diversity policy, health and safety policy and lone workers policy.

Section 6

This section contains a declaration to confirm that the details submitted are correct and you agree to have in place a system of due diligence.

6.1 Please enter the name of the person completing the application.

6.2 Please enter the position within the NMH provider of the person completing the application.

6.3 Please enter the email address of the person completing the application.

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To complete the application, please select the submit button at the bottom of the page. A message will then be displayed confirming that we have received your registration data.

Please refrain from contacting DSA-QAG until after the application processing period (20 working days) noted within the acknowledgment, has been exceeded.

Appeals

DSA-QAG will only action an appeal when we receive written communication by letter or e-mail. This should be addressed initially to the Operations Manager, DSA-QAG, Central Administration Unit, Central Chambers, Suite 350, 4th Floor, 93 Hope Street, Glasgow, G2 6LD or at nmhupdates@dsa-qag.org.uk.

All appellants will be sent an acknowledgement within 5 working days of receipt.

We will aim to reply within 10 working days from the day of receiving your appeal, however, depending on the nature of the appeal we may not be able to give a full and detailed reply within the 10 day turnaround time, for example, your case may require a more detailed investigation and DSA-QAG may need to collate information and evidence from third parties. In these cases where we need additional time we will notify you about what is being done, and when you can expect the full reply.

Should you not be fully satisfied with our findings, you may request that your appeal will be raised with the DSA-QAG Chief Executive Officer (CEO), and then the DSA-QAG Board for further investigation and resolution.

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