

**Statutory notification**

Regulation 14, Care Quality Commission (Registration) Regulations 2009

Absence of a registered individual
for 28 days or more consecutive days

|  |  |  |
| --- | --- | --- |
| logo | Provider’s notification reference: |  |
|       |
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| Statutory notification about the absence of a registered individualfor 28 or more consecutive daysCare Quality Commission (Registration) Regulations 2009 Regulation 14 |

Please read our **guidance for providers about making statutory notifications** and our **Guidance about compliance: Essential standards of quality and safety** for detailed advice on how and when to make statutory notifications, available at [www.cqc.org.uk](http://www.cqc.org.uk).

You must complete **all** parts of this notification form and **enter dates** in the format dd/mm/yyyy.

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Please return this completed form to: **HSCA\_notifications@cqc.org.uk**

**1. Provider and relevant location details**

|  |  |
| --- | --- |
| Provider: |       |
| CQC provider number: |       |
| Form filled in by: |       | Date submitted |       |
| Contact for more information (where different): |       |
| Telephone number: |       |
| Email address: |       |

**Where the change affects just one location:**

|  |  |
| --- | --- |
| Location name and address: |       |
| Location postcode: |       |
| CQC location number: |       |

**Where the change affects regulated activities carried on at more than one location:**

|  |  |  |
| --- | --- | --- |
| The change affects **all** locations where regulated activities are carried on | [ ]  |  |
| The change affects **some** locations where regulated activities are carried on | [ ]  |  |
| **List the affected locations and their CQC location numbers in section 5** |

**2. Details of the absence**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of the registered person who will be or is absent: |       | Provider | [ ]  | Manager | [ ]  |
| The person’s date of birth: |       | Date absence begins / began: |       |
| Expected length of the absence: |       |
| Reason for the absence: |       |

**3. Arrangements made for carrying on or managing the regulated activity during the absence (also see part 4):**

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| --- |
|       |

Continue on additional numbered sheets if necessary. Box will expand if used on a computer

**4 Persons/managers appointed during the absence:**

|  |  |
| --- | --- |
| Name of the person who will carry on / manage the regulated activity during the notified absence: |       |
| The person’s date of birth: |       |
| The person’s address: |       |
| Postcode: |       |
| The person’s qualifications: |       |
| Date the person will begin to carry on / manage the activity: |       |
| Proposed date for appointment of a replacement manager (where applicable – see guidance): |       |

**5 Any other relevant information**

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|       |

Continue on additional numbered sheets if necessary. Box will expand if used on a computer.

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**For CQC use only, please leave blank**

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