

Registration under the Health and Social Care Act 2008 (as amended)

How to fill in the application form for registration as a new provider of regulated activities

For applications by all providers

December 2017

Introduction

This guidance will help you to complete and submit the application form if you are applying to register for the first time.

It follows the layout and order of the application form itself. Please read it before you begin to fill in the form, and then have it open at the relevant section as you work through the form.

There is separate information available on our website to help you through the various stages you will need to complete prior to submitting an application to register.

You must only use the application form to register for the first time. This form should not be used to vary conditions of registration or to make changes to a providers registration.

Registration under the Health and Social Care Act 2008 (as amended)

Registration entitles you to provide 'regulated activity' as defined by the Health and Social Care Act 2008 (as amended) (the 'Act') and Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (as amended) (the '2014 Regulations'). You can read continuously updated versions of the Act and regulations on our [website](#).

It is an offence under section 10 of the Health and Social Care Act 2008 to carry on regulated activity without being registered by the Care Quality Commission (CQC). You could be prosecuted, and it could lead to your application being refused.

You can get more information about the regulated activities that apply to registration in our [Scope of Registration Guidance](#), which you can read on our website.

Confidential personal information

Please make sure that your application does not include any confidential personal information about the people who will use your service or your staff. This includes any information that can identify a person. We will return any application form that includes such information.

Fees

Before you complete the application form, you are strongly advised to read the guidance about service types within the Guidance about the Regulations for Providers. You should also read our guidance for providers about fees. Both of these documents are available on our website.

You must check or tick the boxes for the services you will provide at **each** location you enter in the form. The service types you declare should match the description of your service in your Statement of Purpose. **The service type(s) you select are used to calculate your annual fee.** You can read more information about annual fees on our website

Registered managers

Organisations and partnerships must have a registered manager for each regulated activity unless the organisation is an NHS Trust. Managers can sometimes manage more than one regulated activity and/or location (see the relevant guidance on our website).

Individuals who are not in full time day to day charge, or who do not have the qualifications, skills and experience to carry on the regulated activities in this application **must** have a **registered manager** for each regulated activity. Managers can sometimes manage more than one regulated activity and/or location (see the relevant guidance on our website).

If any location in this application already exists, and:

- Is being transferred or sold to you by an existing registered provider, and
- Has an existing registered manager who you intend to employ to manage the same regulated activity(s) with the same conditions on their registration at the same location(s):

The manager(s) does not have to submit the normal full application forms. They can use a process that uses a shorter form ('Application to continue registration as a manager under a new provider') to both cancel their existing registration and apply for new registration with you as provider.

All other managers must submit a full new registered manager application form, even if they are registered as a manager elsewhere or have been in the past.

Managers should download and fill in the correct form. Our [website form finder pages](#) will help them to do so. You must submit the manager's form(s) with this application. We will return your application if you fail to do so.

Completing the form

You must provide an answer to every field marked with an asterisk (*). Other fields are optional but if you have the information please provide it. We will reject an incomplete application and return it to you.

You can complete and submit this form on paper or on a computer. If you complete it on a computer you can submit it by attaching it to an email; this is the best way to make applications to CQC.

This application form has been prepared as a 'protected' Word document. This means that if you use a computer you can easily move from answer to answer using your 'tab', down arrow, and page down keys. You can also click from answer to answer using a mouse. You can put an 'X' in checkboxes using your space bar or mouse when the box is highlighted. You can go backwards to change your answers using your page up key, up arrow key, or mouse.

Protected Word documents don't allow you to use the spell check function or to format text with bullet points. If you want to check spelling or use bullet points, type or paste text into a blank new document, correct any spelling errors, add any bullet points, and then copy and paste it into the relevant part of your application form.

You can complete this form on a computer using 'Microsoft Word' or 'Open Office'. Open Office is a free programme you can download from www.openoffice.org. The spaces for answers will expand while you type if needed.

If you are completing this form on paper and need more space to answer any sections please submit additional clearly numbered sheets and mark them with the section and question number from this application form. Please complete the form in block capitals using a black pen.

Where we have asked for a name, we require the full name. Please do not put your initials. If you have a middle name please include this in your application, as this will help to identify you. If you do not have a middle name, please leave the box empty.

Additional sections

Where your application includes more than one nominated individual or location, you will need to download, complete and submit additional sections. There is information about this within the relevant sections in this document..

If you are submitting this application by email you must attach all the required additional sections and manager application forms, as well as this main form, to your application email.

If you are submitting your application by post you must enclose all the forms in your application envelope. The email address and postal address are shown at the bottom of the application form.

If you do not attach or enclose additional nominated individual and location forms and manager forms *where they are needed*, we will return your application.

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Registration as an organisation, an individual or a partnership

What are the different types of legal entities?

Below is a description of each of the legal entities that we register. You will need to decide which legal entity you are before you begin to complete this part of the application form.

Organisation

You should register as an organisation if you are a registered company or charity, a limited liability partnership (LLP) or other corporate body. In this case it will be the organisation itself that registers, not the people who control it.

Individual

You should register as an individual if you are a sole trader. Individuals register in their own name and are directly responsible for carrying on regulated activities.

Partnerships

If you carry on any regulated activities as a partnership, it is a partnership (including all the partners) that must register. The partnership as a whole, as well as each individual partner, is responsible for ensuring that the regulated activities provided meet the essential standards.

Therefore, you should only register as a partnership if you have made arrangements for all partners to accept joint and several liabilities for the way the activity is carried on, and each individual partner has agreed to this. This will normally be documented through a written agreement, but this is not a requirement; for example, partnerships-at-will can register as a partnership as long as appropriate arrangements are in place.

A partnership that doesn't have these arrangements in place, such as one that is limited only to arrangements for expense sharing, should not register as a partnership. In this case if each person is carrying on regulated activities as an individual without shared liability, they will need to register separately.

For legal reasons, a limited liability partnership (LLP) should register as an organisation, not as a partnership.

Statement on the Data Protection Act 1998

You must sign the statement on the Data Protection Act 1998. If you don't we will return your application. The statement explains what CQC will do with the information you submit in your form, and by signing it you show your agreement to this.

If an application is being made by an organisation, the person who signs the statement must be duly authorised to do so on behalf of the organisation. If the applicant is a partnership, the statement must be signed by a partner as indicated in the application form. **Where you are asked for your name please use your legal name as stated in your legal documents and ensure this is written in full.**

As with other parts of the form that require a signature, we accept typed-in names in forms submitted by email in the same way as a hand-written signature on a paper form.

Statement of purpose

Every service provider is required by law to have a statement of purpose for each of the regulated activities they carry on. If you carry on more than one regulated activity you can either have separate statements or combine them into one.

By law, in accordance with Regulation 12 and Schedule 3 of the Care Quality Commission (Registration) Regulations 2009 (as amended), the statement of purpose must include:

1. The aims and objectives of the service provider in carrying on the regulated activity.
2. The kinds of services provided for the purposes of the carrying on of the regulated activity and the range of service users' needs which those services are intended to meet.
3. The following information:
 - (a) in relation to the service provider and any registered manager:
 - (i) full name,
 - (ii) business address,
 - (iii) business telephone number,
 - (iv) electronic mail address where available; and
 - (b) in relation to the registered person:
 - (i) the address to which CQC may send any document, notice or other communication required to be delivered by these Regulations or the Act, and
 - (ii) where the registered person consents to service by such means, an electronic mail address to which CQC may send any document, notice or other communication required to be delivered by these Regulations or the Act.
4. The legal status of the service provider.
5. Details of the locations.

Statements of purpose can also be used as part of quality and safety systems, by providing clear statements about your approach to service delivery, quality and safety, for both internal periodic review and external feedback.

Section 1: Application as an ORGANISATION

You must fill in an answer to every field marked with an asterisk (*).

1.1 The organisation's name and contact details	
*Organisation's name	This is the legal name of the organisation registered at Companies House, with the Charities Commission, or shown in legal documents, as appropriate.
Name you trade under if different to the above	If your organisation trades under a different name please show it here.
The registered office of the organisation (if applicable) or its principal office:	
*Address	<p>The postal address you enter must be an address in England and must not be a PO Box number. This is the postal address we will use for service of documents in accordance with Sections 93 and 94 of the Health and Social Care Act 2008 (as amended) (the Act) if you do not agree to service by email.</p> <p>The address must be the same as the address for service of documents in your Statement of Purpose.</p> <p>We will publish your postal address as the organisation's contact details on our website and on your certificate of registration. We will also use this address for sending other correspondence by post, including draft and final inspection reports, if you do not agree to receive it by email.</p>
*Email address	<p>We will use the email address you supply in this field as the address for service of formal notices and other documents, unless you tick or check the box under the address table in the form. (There may be some occasions where we will need to post formal notices to you).</p> <p>Where you do not have an email address, you should leave this section blank or state not applicable</p>
Website *Main business telephone Mobile telephone	<p>Please provide these helpful basic items of information.</p> <p>You must provide your main business telephone number.</p> <p>If you have a mobile telephone number, please provide this.</p>
*Please specify the legal status of the provider organisation e.g. (public limited company/limited company/charity/ limited liability partnership/joint venture/ franchise/ other) If 'other' has been selected as the legal status above, please give particulars	Please provide this information so that we know what type of organisation you are.
*Registered company or charity number (if applicable)	Companies or charities must provide their company or charity number
*Other number (if applicable)	If you have any other number please insert here and provide an explanation of what it is.

By submitting this application you are confirming the organisation's willingness for CQC to use the **email address** shown at 1.1 above for service of notices and other documents including draft and final inspection reports and for sending all other correspondence to it. This address will be used once you are registered. Whilst processing your application, we will use the same method of communication that you have used in submitting this form.
If you **DO NOT** want to receive these by email please check or tick the box below.

We do NOT wish to receive notices and other documents including draft and final inspection reports and correspondence from CQC by email	<input type="checkbox"/>
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Email ensures fast and efficient delivery of important information and is CQC's preferred method of communication. We will not share this email address with anyone else.

It is vital that the postal and email addresses you supply are valid, clear and accurate, and that you keep us up to date with any changes as required by law.

1.2 Alternative temporary correspondence address

You can supply alternative temporary contact details in Section 1.2 if this would be helpful. We will only use these details while processing this application. We will not use this address or any alternative temporary email address for service of documents or for other correspondence.

*1.3 Is your organisation a subsidiary of another company or a franchise?

You must fill in an answer to every field marked with an asterisk (*). Therefore you must complete this section indicating yes or no

If your organisation is a subsidiary of another main holding company, please check or tick 'Yes' and provide its contact details in the appropriate parts of Section 1.3. Where this is not applicable, please move on to Section 1.5.

*1.4 More information about parent and subsidiary companies and franchisor

Where your organisation is the subsidiary of a holding company or companies please provide information about their name(s) and company number(s) in Section 1.4 text box. In addition if your organisation is a parent company please provide information about its subsidiaries.

Please explain the relationships between the applicant organisation and the other organisations involved and their structure of ownership. This should include information about the wider ownership structure where the holding company is itself the subsidiary of another company or companies.

Where this is not applicable, please move on to Section 1.5.

*1.5 Is your organisation a franchise?

Where your organisation is franchise please provide information about their name(s) and company number(s) in the Section 1.5 text box.

*1.6 More information about the franchisor

Please detail the financial relationship between your organisation and any franchisee. In particular does your organisation rely financially on any other organisations within the group?

Do you share a brand name with other organisations?

If 'Yes', what is the financial relationship between your organisation and other organisations within the brand, in particular does your organisation rely financially on any other organisations within the brand?

*1.7 Directors or equivalent

You must fill in an answer to every field marked with an asterisk (*).

List the names of the directors (executive and non-executive). If your organisation does not have directors, list the names of any individual who performs the functions of, or functions equivalent or similar to the functions of, a director. This would include trustees or other members of your organisations governing body. You should list information about any specific role(s) they have in relation to the quality, safety and regulatory role of the service(s) and regulated activities proposed in this application. **Where you are asked for your name please use your legal name as stated in your legal documents.**

There are specific fields for the Chair, Secretary and Chief Executive (or equivalents) of the body. If there is no Chair, please identify an accountable officer who will act in this role. Please specify any other members' role titles as needed in the 'any additional or specific responsibilities' box. Please include any professional registration numbers and professional bodies belonged to.

We ask for dates of birth to help us confirm identities when checking whether people are already known to us, for example as a registered or previously registered person.

You will need to find out if any of the people listed in this section are subject to any disciplinary action, current proceedings, investigations or restrictions or bars on activity by a health or care professional regulator or the Disclosure and Barring Service. See 1.8 below.

After registration, registered persons must notify CQC whenever a director leaves or joins, (unless you are an NHS Trust, where you are exempt from doing so) and in the event that any member becomes subject to investigation, disciplinary action or barring procedures by a health or care professional regulator or the Disclosure and Barring Service.

*1.8 Declaration on meeting regulation 5

Where there is no formal chair person identified, you will need to determine an accountable officer who will fulfil this role. This person will need to confirm that appropriate processes have been undertaken in the recruitment of directors or equivalent.

Your name should be completed in full. It should be the legal name as stated in your legal documents

***1.9 Nominated individual(s)**

You must fill in an answer to every field marked with an asterisk (*).

Where you are asked for your name please use your legal name as stated in your legal documents.

Nominated individuals are people 'employed as director, manager or secretary of the body (who are) responsible for supervising the management of the carrying on of the regulated activity' (Regulation 15(3), the Care Quality Commission (Registration) Regulations 2009 (as amended)).

Use this section (and any additional sections that are required) to provide details of the person(s) who will act as the nominated individual(s) for each of the regulated activities you are applying to carry on in this application.

One person can act as nominated individual for more than one regulated activity.

In certain circumstances, registered managers can act as nominated individuals, normally where the organisation is small.

If you plan to have more than one nominated individual you must download additional nominated individual sections from the website page where you found this application form and guidance. If you don't identify a nominated individual for each regulated activity, we will return your application.

Please put appropriate numbers into the part of the nominated individual sections. We will use this information to check that you have sent us details for all of the nominated individuals you need in your application.

***Details of a nominated individual for regulated activities**

You must fill in an answer to every field marked with an asterisk (*).

Enter the regulated activities the nominated individual will cover and then their personal details, as requested in the form. You must identify a nominated individual for each of the regulated activities you select in Section 5.

Where the NI is a member of a health or social care professional body and has a registration number, please indicate which body they are affiliated to and complete the registration number in the box provided.

Check or tick 'Yes' or 'No' as appropriate to show whether you have received an enhanced DBS disclosure certificate for the proposed nominated individual. The law requires you to have this, and if you have not done so we will have to return your application.

Fill in the DBS disclosure certificate number and the date the certificate was issued.

***1.10 Professional body disciplinary proceedings, other investigations and action by the Disclosure and Barring Service (DBS)**

Check or tick 'Yes' if any persons listed in section 1.7 or any nominated individuals proposed in section 1.9 are subject to any disciplinary action, current proceedings, investigations or restrictions or bars on activity by a health or care professional regulator or the Disclosure and Barring Service.

Relevant health and care professional regulators include the General Medical Council, the Health and Care Professions Council, the General Dental Council and the Nursing and

Midwifery Council.

If whilst the proposed nominated individual has been working in a health and social care setting (in any role) has been investigated due to safeguarding concerns then the 'yes' box should be ticked or checked.

Where you tick or check 'Yes', please provide summary details in the box provided. We may contact you for more information about this.

Where this is not the case, tick or check 'No' and move on to Section 1.11.

***1.11 Previous registration history**

If your organisation, any parent organisation, franchisee or subsidiary, or any of its directors (or equivalent) has ever been registered or licensed under any of the Acts of Parliament listed in this section, please check or tick the appropriate box or boxes. Please also explain the circumstances and dates in the box provided.

We may contact you for more information about this.

Section 2: Application as an INDIVIDUAL

You must fill in an answer to every field marked with an asterisk (*).

*2.1 The applicant's name and contact details	
*Applicant's name and any previous name	Please provide your name and any previous name(s). Where you are asked for your name please use your legal name as stated in your legal documents and write this in full.
Name you trade under if not your name	If you will trade under a different name please show it here.
*Address	The postal address you enter must be an address in England and must not be a PO Box number. This is the postal address we will use for service of documents in accordance with Sections 93 and 94 of the Health and Social Care Act 2008 (as amended) if you do not agree to service by email. The address must be the same as the address for service of documents in your statement of purpose (see the section 6E below). We will publish this postal address as your contact details on our website and on your certificate of registration. We will also use this address for sending other correspondence by post, including draft and final inspection reports, if you do not agree to receive it by email.
*Email address	We will use the email address you supply in this field as the address for service of formal notices and other documents, unless you tick or check the box under the address table on page 18 of the form. (There may be some occasions where we will need to post formal notices to you).
Website	Please provide these helpful basic items of information.
*Main business telephone	You must provide your main business telephone number.
Mobile telephone	If you have a mobile telephone number, please provide this.

By submitting this application you are confirming your willingness for CQC to use the **email address** shown at 2.1 above for service of notices and other documents including draft and final inspection reports and for sending all other correspondence to you.

If you **DO NOT** want to receive these by email please check or tick the box below.

We do NOT wish to receive notices and other documents including draft and final inspection reports and correspondence from CQC by email	<input type="checkbox"/>
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Email ensures fast and efficient delivery of important information and is CQC's preferred method of communication. We will not share this email address with anyone else.

It is vital that the postal and email addresses you supply are valid, clear and accurate, and that you keep us up to date with any changes.

2.2 Alternative temporary correspondence address

You can supply alternative temporary contact details in Section 2.2 if this would be helpful. We will only use these details while processing this application. We will not use this address or any temporary email address for service of documents or for other correspondence.

***2.3 Previous registration history**

If you have ever been registered or licensed under any of the Acts of Parliament listed in this Section, please check or tick the appropriate box or boxes. Please explain the circumstances and dates in section 2.4.

If your registration or license under any of the Acts of Parliament listed in this section has been cancelled (not voluntarily by yourself) please provide the dates and reasons for this.

We may contact you for more information about this.

You must explain any gaps in your employment history in the final part of this section.

If you have not been registered or licensed before leave blank and move on to Section 2.4.

***2.4 Employment history (including previous history as a registered person)**

You must provide details of your complete employment history in the spaces provided. Don't include any periods of employment already shown in Section 2.3.

You must explain any gaps in your employment history in the final part of this section..

***2.5 Day-to-day management of regulated activities**

If a registered manager will be in day-to-day charge of regulated activities at any of the locations in your application please check or tick 'Yes'. Their application for registration must be submitted together with this main form.

If you are taking over an existing location that already has a manager and you plan for them to continue to act as registered manager for the same regulated activities and location(s), there is a specific, shorter application form for them to use. All other proposed managers must use the full, normal application form.

You can find both forms on our website using the 'Form Finder' tool.

If registered managers will not be in day-to-day charge of regulated activities at any proposed location please check or tick 'No' and move on to Section 2.6.

***2.6 Medical history**

If you have any physical or mental health conditions that are relevant to your ability to carry on the regulated activities in this application you must check or tick 'Yes' and provide details in the space provided.

We may contact you for more information about this.

Relevant physical and mental health conditions do not necessarily mean that there will be difficulties over registration. You simply need to demonstrate how you are compliant with Regulation 4 of the Health and Social Care Act (Regulated Activities) Regulations 2008 which requires you to be physically and mentally fit to carry on.

If you have no relevant physical or mental health conditions, tick or check 'No' and move on to Section 2.7.

***2.7 Your GP**

You must fill in an answer to every field marked with an asterisk (*).

Please provide the name of your GP and their contact details in the spaces provided. We will not routinely contact your GP. However, we do ask you to give permission for CQC to contact your GP about this application, if we feel this is necessary. If you do not do so we may contact you about this.

***2.8 Qualifications, skills and experience**

If you plan to manage the regulated activities in this application on a day-to-day basis and you will be in day to day charge of carrying on yourself the law requires that you have the relevant qualifications, skills and experience to do so. Where this is the case, you must describe them in this section. Please provide dates for qualifications and relevant experience.

If you do not intend to manage the regulated activities yourself and will not be in full time day to day charge, leave this section blank.

Remember, if you will not be in full time day-to-day charge of the carrying on of any of the regulated activities you are applying for, you will need a registered manager for those activities and must submit the relevant form.

***2.9 Declarations by a health or social care professional**

If you are a member of a health or social care professional body and have a registration number, please indicate which body you are affiliated to and complete your registration number in the box provided.

If you are subject to relevant professional regulation you must fill in this section. Relevant professional regulators include the General Medical Council, the Health and Care Professionals Council and the Nursing and Midwifery Council; there are others.

You must check or tick 'Yes' if you are currently the subject of any investigation or proceedings being taken by any professional body with regulatory functions in relation to health or social care professionals. This includes investigations and proceedings by a regulatory body in another country. You must give details in the space provided.

Are you currently the subject of, or have you ever been subject of any safeguarding investigation? If you have, please check or tick 'yes' and give details in the space provided.

In the second part you must check or tick 'Yes' if you have ever been disqualified from the practice of a profession or required to practice subject to specified limitations following a fitness to practice investigation by a regulatory body in the UK or another country or otherwise. You must then give details in the space provided.

If you are not subject to professional regulation, involved in any investigations or proceedings, have never been disqualified or subject to specified limitations, please just check or tick 'No' in the relevant boxes and move on to Section 2.10.

***2.10 Disclosure and Barring Service criminal records disclosure**

You must have applied for and received an enhanced Disclosure and Barring Service disclosure certificate within the last 12 months. The application for the disclosure must have been countersigned by CQC. Please check or tick 'Yes' or 'No' as relevant. We will return your application if you check or tick 'No'.

Please also provide the DBS disclosure number and the date of the disclosure.

***2.11 Reference**

You must fill in an answer to every field marked with an asterisk (*).

You must supply contact details for a suitable referee. Your referee must be your last employer. If you do not have a last employer the referee must:

- Not be related to you.
- Be able to provide a reference as to your competence and suitability to provide the service.

You should give CQC permission to contact the referee in the checkbox provided. If you do not do so, we will contact you about this.

***2.12 Is your business a franchise?**

Where your business is a franchise please provide information about their name(s) and company number(s) in the Section 2.12 text box.

***2.13 More information about franchisor**

Please detail the financial relationship between your business and any franchisee. In particular does your business rely financially on any other organisations within the group?
If you share a brand name with other organisations please tell us what is the financial relationship between your business and other organisations within the brand, in particular does your business rely financially on any other organisations within the brand?

Section 3: Application as a PARTNERSHIP

You must fill in an answer to every field marked with an asterisk (*).

*3.1 The partnership's name and contact details	
*Partnership's name	Please provide the name you will use for your partnership. If you have a formal agreement with another person(s) this would be the name you have agreed to use.
Name you trade under if different to the above	If your partnership will trade under a different name please show it here.
The principal office address of the partnership:	
*Address	<p>The postal address you enter must be an English address and must not be a PO Box number. This is the postal address we will use for service of documents in accordance with Sections 93 and 94 of the Health and Social Care Act 2008 (as amended) if you do not agree to service by email.</p> <p>The address must be the same as the address for service of documents in your Statement of Purpose (see the Section 6E guidance below).</p> <p>We will publish this postal address as the partnership's contact details on our website and on your certificate of registration. We will also use this address for sending other correspondence by post, including draft and final inspection reports, if you do not agree to receive it by email.</p>
*Email address	<p>We will use the email address you supply in this field as the address for service of formal notices and other documents, unless you tick or check the box under the address table on page 25 of the form. (There may be some occasions where we will need to post formal notices to you).</p> <p>If you do not have an email address you must leave this blank or state not applicable</p>
Website	Please provide these helpful basic items of information.
*Main business telephone	You must provide your main business telephone number.
Mobile telephone	If you have a mobile telephone number, please provide this.

By submitting this application you are confirming the partnership's willingness for CQC to use the **email address** shown at 3.1 above for service of notices and other documents including draft and final inspection reports and for sending all other correspondence to it.

If you **DO NOT** want to receive these by email please check or tick the box below.

We do NOT wish to receive notices and other documents including draft and final inspection reports and correspondence from CQC by email	<input type="checkbox"/>
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Email ensures fast and efficient delivery of important information and is CQC's preferred method of communication. We will not share this email address with anyone else.

It is vital that the postal and email addresses you supply are valid, clear and accurate, and that you keep us up to date with any changes.

3.2 Alternative temporary correspondence address

You can supply alternative temporary contact details in Section 3.2 if this would be helpful. We will only use these details while processing this application. We will not use this address or any temporary email address for service of documents or for other correspondence.

***3.3 Is your partnership a franchise**

Where your partnership is a franchise, please provide information about their name(s) and company number(s) in the Section 3.3 text box.

3.4 More information about franchisor

Please detail the financial relationship between your partnership and any franchisee. In particular does your partnership rely financially on any other organisations within the group?
If you share a brand name with other organisations please tell us what is the financial relationship between your business and other organisations within the brand, in particular does your business rely financially on any other organisations within the brand?

***3.5 Main contact partner**

You must fill in an answer to every field marked with an asterisk (*).

Please provide contact details for the partner who will act as the main contact between the partnership and CQC. The main partner must be the first person to complete this application under partner number one.

The 'main contact partner' is the partner to whom we will address all formal notices and other documents sent to the partnership. We will send these documents to the main contact partner at the email or postal address for service shown at 3.1 above, or as later amended in a revised Statement of Purpose (see page 5 above).

The partnership must have robust arrangements to ensure that it can open and respond to all correspondence sent to the main contact partner at the partnership's address without delay, including when the main contact partner is not available.

***Members of the partnership**

You must fill in an answer to every field marked with an asterisk (*).

Each partner in the partnership must fill in and sign a separate 'members of the partnership' section. There are two partner sections in the main application form. Where the partnership has more than two partners, each additional partner must fill in an additional partner section, which you can download from the website page where you found the main form and this guidance.

Please put the appropriate number into each additional partnership section question that is reproduced below. We will use this information to check that you have sent us details for all of the partners in your partnership.

***3.6 Partner's name and contact details**

You must fill in an answer to every field marked with an asterisk (*).

Each partner should enter their name and contact details in separate partner sections.

Where you are asked for your name please use your legal name as stated in your legal documents and write this in full

3.7 Alternative temporary contact details for this application

Each partner can supply alternative contact details for themselves if this would be helpful. We will only use these details to contact them while processing **this application**.

***3.8 Previous history as a registered person**

Partners must tick the appropriate box(s) if they have ever been registered as a service provider or manager under any of the Acts of Parliament shown in this Section.

If your registration or licence under any of the Acts of Parliament listed in this section has been cancelled (not voluntarily by yourself) please provide the dates and reasons for this.

Partners must then provide additional details about their registration(s) as requested in the remainder of this section.

Partners must explain any gaps in their employment history in the final part of this section.

***3.9 Employment history (including previous history as a registered person)**

Partners must provide details of their complete employment history, as requested in this section. Do not include any periods of employment already shown in Section 3.6.

Partners must explain any gaps in their employment history in the final part of this section.

***3.10 Medical history**

If a partner has any physical or mental health conditions that are relevant to their ability to carry on the regulated activities in this application they must check or tick 'Yes' and provide details in the space provided.

We may contact them for more information about this.

Relevant physical and mental health conditions do not mean that there will be difficulties over registration. The partnership can make 'reasonable adjustments' such as through the supply of equipment, adaptations and other support that enables relevant partners to undertake their role(s). Where this is the case, please describe the adjustments.

If the partner has no relevant physical or mental health they should tick or check 'No' and move on to Section 3.9.

***3.11 Your GP**

You must fill in an answer to every field marked with an asterisk (*).

Each partner must provide their GP's name and contact details in the spaces provided. We will not routinely contact your GP. However, we do ask you to give permission for CQC to contact your GP about this application, if we feel this is necessary. If you do not do so we may contact you about this.

***3.12 Qualifications, experience and skills**

While each individual partner is not required to have the particular qualifications, experience, and skills required to carry on the regulated activities in this application, the partnership as a whole is required to do so. The partnership must demonstrate this in the application form.

Each partner should describe the competencies and skills they have that are relevant to how the partnership carries on the regulated activities ticked in Section 5.

Using the information supplied by all of the partners, CQC will assess the fitness of the partnership as a whole to carry on these regulated activities.

***3.13 Declarations by a health or social care professional**

If you are a member of a health or social care professional body and have a registration number, please indicate which body you are affiliated to and complete your registration number in the box provided.

Partners that are subject to relevant professional regulation must fill in this section. Relevant professional regulators include the General Medical Council, the Health and Care Professionals Council and the Nursing and Midwifery Council; there are others.

Partners should check or tick 'Yes' if they are currently the subject of any investigation or proceedings being taken by any professional body with regulatory functions in relation to health or social care professionals. This includes investigations and proceedings by a regulatory body in another country. They must give details in the space provided.

Are you currently the subject of, or have you ever been subject of any safeguarding investigation? If you have please check or tick 'yes' and give details in the space provided.

In the second part they must check or tick 'Yes' if they have ever been disqualified from the practice of a profession or required to practice subject to specified limitations following a fitness to practice investigation by a regulatory body in the UK or another country or otherwise. They must then give details in the space provided.

If the partner is not subject to professional regulation, involved in any investigations or proceedings, has never been disqualified or subject to specified limitations they should check or tick 'No' in the relevant boxes and move on to Section 3.12.

***3.14 Disclosure and Barring Service criminal records disclosure**

Each partner in the partnership must have applied for and received an enhanced Disclosure and Barring Service disclosure certificate within the last 12 months. The application for the disclosure must have been countersigned by CQC. Each partner must check or tick 'Yes' or 'No' as relevant. We will have to return your application if any partner checks or ticks 'No'.

Please also provide the DBS disclosure number and the date of the disclosure.

***3.15 Reference**

You must fill in an answer to every field marked with an asterisk (*).

Each partner must supply contact details for a referee. The referee must be their last employer. If a partner does not have a last employer the referee must:

- Not be related to the partner.
- Be able to provide a reference as to the partner's competence and suitability to provide the service.

The partner should give CQC permission to contact the referee in the checkbox provided. Where they do not do so we will contact them about this.

***3.16 Partner's Signature**

You must fill in an answer to every field marked with an asterisk (*).

The partner named at Section 3.4 must sign and date this section. CQC will accept a typed-in name as your signature where the form is being submitted electronically.

Section 4: Financial information (to be completed by all applicants)

4.1 Invoice and financial contact details

Only complete this section if your invoice and financial contact details are different from the address provided at sections 1.1 / 2.1 / 3.1. In this case, please fill in the relevant address and contact details. This will ensure CQC is able to contact you when required.

Where this is not the case move on to Section 4.2.

*4.2 Administration, receivership, and other insolvency processes

If any of the below applies to people in your application you **must** check or tick the 'Yes' box and provide the dates and details of the processes involved. Where this is the case we may contact you for more information about this.

If your **organisation** or (where applicable) its **parent holding company or companies** has ever been in administration or receivership, or subject to any other insolvency process(es). This includes any current unresolved processes or proceedings.

For an organisation; If any member of the board or equivalent at 1.5 has ever been declared bankrupt or been subject to other insolvency processes. This includes any current unresolved processes or proceedings.

If you are a **partnership or individual** and you, or any of the partners, has ever been declared bankrupt or involved in any other insolvency proceedings or processes.

If you are a **partnership or individual** and you or any of the partners has been a director or equivalent in an organisation or partner in a partnership that went into administration or was subject to any other insolvency processes or proceedings. This includes any current unresolved processes or proceedings.

*4.3 Financial interests in registered services

If your **organisation** has any current financial or business interests in a registered provider, or if a registered provider has any current financial or business interests in your organisation please check the 'Yes' box and fill in the details of these registered provider(s). Please include their CQC number(s) (as shown on their certificate(s) of registration).

If you as an **individual** or a **partnership** (or **member of a partnership**) have any current financial or business interests in a registered service provider, please check the 'Yes' box and fill in the details of these registered provider(s). Please include their CQC number(s) (as shown on their certificate(s) of registration).

*4.4 Essential business relationships with other service providers

If carrying on the regulated activities proposed in this application will depend upon formal contractual relationships with any other service provider(s), please tick or check the 'Yes' box and fill in the details in the space provided.

Section 5: The regulated activity(s) you want to provide

Please check or tick ALL of the regulated activities you propose to provide across all of the locations in this application.

Regulated activities are defined in Regulation 3 of, and Schedule 1 to, the 2014 Regulations 10. You can read more about regulated activities and download the Regulated Activities regulations on our website.

Section 6: The locations you want to provide regulated activity(s) at or from

There is detailed guidance about locations on our website (www.cqc.org.uk). You should read this guidance before you submit your application.

Search for the document [What is a location? Guidance for providers](#).

*6.1 Purchase or transfer of existing location(s)

You must fill in an answer to every field marked with an asterisk (*).

If your application involves buying or otherwise taking over a service or location(s) being run by an existing registered provider, it is important that CQC knows about this.

Where this is the case, please check the 'Yes' box and provide the requested details in this section.

We also ask that you check the box if you do not agree to us discussing your application with the existing provider. If you do this, we will need to talk to you about it.

CQC must also receive and process relevant applications from the existing provider(s) and manager(s), as well as from you the applicant and the proposed new managers. These applications must be processed in the right order, therefore it is essential to have coordination and cooperation between CQC, your organisation and the existing provider to achieve this.

Sections 6.2 to 6.14 Please use these sections to provide information if you are applying to register more than one location.

If you are applying to provide regulated activities at more than one location you can download additional location sections from the website page where you found the main form.

If you are filling in this form on paper and need extra space, please add extra numbered sheets as needed, and mark them with the question number from this form.

Please give each location a number so that we know you have sent us information about all of your locations.

You must check or tick the boxes for the services you will provide at **each** location you are registering. The service types you declare should match the description of your service in your statement of purpose.

If you don't give us information about all of your locations we will return your application.

***6.2 Location details;** You must fill in an answer to every field marked with an asterisk (*).

CQC location ID	If this location is already being used by an existing registered provider to carry on regulated activities, please enter its CQC location ID number. You can find this on the existing provider's certificate of registration. Leave this question blank if it does not have a CQC location ID number.
*Location's name, address and other contact details	Fill in the required information. The location you are registering should have a location name. This will help people who use services to find you on our website. If you do not provide a location name, it will be referred to as your first line of your address.
*No of places or beds (*if applicable)	<p>Fill in the number of people who will use the service at this location.</p> <p>It is important for care home providers to record the number of overnight beds/places at this location as CQC makes it a condition of registration for care homes.</p> <p>For providers of care homes, residential substance misuse services, and specialist college services we will also need this information to calculate the annual fee payable to CQC for your registration.</p> <p>For specialist college services, please state the number of beds at this location used to accommodate students receiving education who also require nursing or personal care, rather than the total number of beds.</p> <p>For residential substance misuse services, please state the number of beds at this location where the accommodation is provided together with treatment for substance misuse, and it is provided in a residential setting rather than a hospital or in the community.</p> <p>Where we cannot agree the number you propose in this box, we will contact you about this.</p>

Day-to-day management of regulated activities at this location

Please note that, where required, applications for registration from proposed managers for this location, including from *existing* managers to continue their registration to manage it under your registration, **must** be submitted **with your application**.

*6.3 Planning consent

*6.4 Building regulations

*6.5 Food safety

*6.6 Safety of equipment, plant and utilities

*6.7 Landlord/mortgage lender's permission

Please check or tick the appropriate boxes to confirm whether the permissions, certificates registrations and authorisations referred to in questions 6.3 to 6.7 have been obtained (or to show that they are not applicable or not yet received) in relation to the location.

Planning consent: the Local Planning Authority (LPA), will grant planning permission through a Decision Note identifying what it needs to do to satisfy planning requirements. Not all decisions will have to be completed before a provider can commence its business, but there should be documentary evidence from the LPA to evidence that they are satisfied the building can commence business.

Building regulations: approval is required under building regulations to change the use of a property for business or institutional purposes (for example, a hospital, a nursing home, or a home for caring for elderly people or children). A building regulations completion certificate will be issued by either Local Authority Building Control (LABC) or Approved Inspector Building Control (AIBC).

Fill in additional required details in the relevant fields.

If you are providing food at one or all of your locations you must register with your local council's Environmental Health Department. This states that the authority must give approval to establishments handling, preparing or producing products of animal origin for which requirements are laid down in Regulation (EC) 852/2004. You must be able to provide evidence that you have this approval.

Check or tick 'Yes' or 'No' as needed to show whether you have maintenance contracts in relation to all the equipment, plant and utilities you own, lease or use – or will own, lease or use – in relation to providing your service at this location.

If 'No', please describe the equipment, plant and utilities not covered by maintenance contracts and how you will ensure that servicing and repairs are undertaken in a timely and prompt way, as required by their manufacturer's instructions.

CQC must be confident that you are providing your service lawfully, and that services to people will not be disrupted by difficulties over essential permissions and legally required authorisations.

*6.8 Location readiness

Check or tick 'Yes' or 'No' as needed to show whether the location's premises are ready for use to provide the regulated activities and services you have proposed in your application.

It takes CQC up to ten weeks to process most applications, sometimes more. You must not begin to provide regulated activity(s) until you are registered to do so. Equally, you should not submit applications until you are ready to provide your proposed service, or very nearly so.

This is because by law, CQC can only register providers that we are confident will meet the requirements of the Act and regulations. We will not be able to assess whether the Act and

regulations are likely to be met within certain circumstances, these could include:

- Where there are substantial outstanding building works
- Where essential equipment, staff or other resources are not yet available
- Where the systems, procedures and policies that will be needed are not in place.

We recognise that new providers may not be able to demonstrate actual compliance with all requirements as they are not yet providing the service. Because of this we assess whether the supporting evidence and 'processes' applicants have put in place are likely to enable them to meet the requirement of the Act and regulations, and be able to demonstrate that services will be safe, effective, caring responsive and well led.

Please provide the date when you plan to begin carrying on the regulated activities in this application.

You must ensure that all required certificates, registrations and permissions referred to in the guidance to Sections 6.3 to 6.7 above are available or very shortly will be before you apply for registration.

***6.9 The regulated activities you propose to carry on at this location**

Please check / tick all of the regulated activities you want to carry on at this location.

You must not check / tick any of the regulated activities in this section unless you also checked / ticked them in Section 5.

If you propose to carry on the regulated activity '**Accommodation for persons who require nursing or personal care**' you must also fill in Section 6.11 of the form, *but make sure you read the guidance to Section 6.11 carefully before you do so.*

For each regulated activity you are wanting to carry on at a location please provide an explanation. The explanation should tell us what service you are providing at the location.

***6.10 Service types provided at this location**

The service type(s) you select are used to calculate your annual fee, so it is important to select only those that apply to each location included in your application.

Before you fill in this section you are **strongly advised** to read the detailed guidance about service types that can be found in the *Guidance about regulations for providers*.

You should also read our guidance for providers about fees before completing the rest of Section 6. These guidance documents are available on our website: www.cqc.org.uk.

Acute Services (ACS):

If you have ticked this service type, this will place you into the 'Healthcare, Hospitals' fee category, meaning that you will be charged the fee associated with the hospitals charging bands under our fees scheme (see our website, www.cqc.org.uk).

However, if you have ticked this service type, but the only, or main, activity provided at this location is one of those listed in the boxes in the form, you should **also** tick the relevant box. Selecting one of these boxes will place you in the Single-speciality services charging bands of the fees scheme (see our website as above).

If you provide other services at this location as well as Acute Services (ACS), or more than one of the activities in the list at this location, do not complete the boxes in the list.

Dental services (DEN):

If you have only one location and you provide dental services, we require information about the number of dental chairs you have at the location. This is so we can correctly calculate your annual fee. For single-location dental providers, this is based on the number of dental chairs at the location. A dental chair is defined as “a chair that is used for the purposes of carrying on the regulated activity of dental services”. Further information is available on our website (www.cqc.org.uk).

If you are a provider of domiciliary dental services, providing services in places such as people’s homes or care homes, and you do not have dental chairs of your own, please enter ‘0’ as the number of chairs. This will place you in the lowest fee band in the single location part of the fees scheme for dental providers.

If you are registering for more than one location, please do not complete this box.

Diagnostic and screening services (DSS):

You should only have ticked the service type of DSS if diagnostic and/or screening services are the sole or main activity you provide at this location..

You should not select this service type if you provide other services at this location, even if you are registering for, or are already registered for the regulated activity of Diagnostic and screening procedures

Check or tick all of the service types listed in this section that will be provided at this location.

If you are a provider of primary medical services you must complete the end of this section to indicate what type of PMS provider you are. This is particularly important if you are providing regulated activities from one location as this will influence your fees, Please read the guidance about fees on our website, which will give you more information,

***Agreeing to routine conditions of registration in 6.11/12/13**

Agreeing ‘in writing’ to routine conditions of registration can significantly reduce the time needed for CQC to process your application. We will accept a check or tick in the relevant boxes to show that you have agreed ‘in writing’ to these conditions.

Where you do not agree to the ‘numbers condition’ or the ‘no nursing condition’ in respect of relevant locations, or to a ‘locations condition’, we will make a judgement about whether to approve your application with or without conditions of registration. Where we decide to propose conditions we will do so in formal Notices of Proposal under Section 26 of the Health and Social Care Act 2008 (as amended).

Where you do not agree to conditions of registration in a Notice of Proposal you are able to make representations to us about them, and also to formally appeal to an independent tribunal if we decide to adopt our Notice of Proposal.

6.11 Condition of registration about the number of persons accommodated to receive nursing or personal care at this location

Only check or tick the box in this Section if you checked / ticked the regulated activity 'Accommodation for persons who require nursing or personal care' at section 6.9 above and either the service type 'Care home service without nursing' or 'Care home service with nursing' at Section 6.10. If you did not do so please go straight to Section 6.13.

CQC routinely agrees a condition of registration with providers of this regulated activity about the number of people who can be accommodated at each relevant location. This condition is called the 'numbers condition'. There is more guidance about this in on our website.

The numbers condition says:

'The number of persons accommodated to receive nursing or personal care at this location must not exceed [number]'.

CQC will contact you if we decide we cannot agree to your proposed number for this condition.

Please check / tick the box in Section 6.10 to show that you agree to the 'numbers condition', using the number you proposed in Section 6.2. You must do this in the application form location section(s) for each location that will provide 'Accommodation for persons who require nursing or personal care'.

If you did not check / tick the 'Care home service without nursing (CHS)' at section 6.10 please now go straight to Section 6.13.

6.12 Condition of registration about not providing nursing care at this location

Only check / tick the box in this section if you checked / ticked 'Accommodation for persons who require nursing or personal care' at section 6.9 above **AND** 'Care home service without nursing (CHS)' at section 6.11 above. If you did not do so please go straight to section 6.13.

CQC routinely agrees a condition of registration with providers of the regulated activity 'Accommodation for persons who require nursing or personal care' who also check / tick the 'Care home service without nursing' (CHS) service type at Section 6.11.

The condition makes it a legal requirement that that they must not provide nursing care at the relevant location(s). This condition is called the 'no nursing condition'.

The no nursing condition says:

'The provider must not provide nursing care under the accommodation for persons who require nursing or personal care regulated activity at this location'.

Please check / tick the box in Section 6.12 to show that you agree to the 'no nursing condition'. You must do this in the application form location section(s) for each location that will provide a Care home service without nursing.

6.13 Condition of registration about the Regulated Activity(s) at this and other locations

CQC routinely agrees conditions of registration with providers about the locations where each regulated activity will be carried on at or from. This condition is called 'location condition'. There is more information about this in guidance you can read on our website.

The locations condition says:

This Regulated Activity may only be carried on at or from the following locations:

<First location>

<Second location> (if there is one)

(and so on for any more locations)

The locations in this condition will be those specified in each version of Section 6 submitted with this application. The regulated activities will be the ones you specified in each Section 6.9.

Please check / tick the box in this section to confirm that you agree in writing to this condition of registration.

***6.14 Service user bands**

Please check or tick as needed to show any **additional** characteristics the people who use your service at this location may have. For example; If you are a GP practice we would expect you to tick the whole population. If you are a care home we would expect you to tick a particular age range.

Where we list conditions such as learning difficulties or sensory impairment, we would like you to tick the most relevant category. For example the service may be provided to people with a learning difficulty and this is the primary service provided. The fact that there may be associated sensory impairment is secondary and should be described in your statement of purpose.

Section 7: Details about how you will provide your service

Use this section to answer the questions to describe how you will provide your service. The questions asked are the five key questions CQC now asks about providers and the services they deliver. However, as described in the guidance to Section 6, we need to feel confident that the systems, processes and evidence you describe in this section will show how you will meet the requirements of the Act and regulations.. If you are completing this by hand please use additional paper as necessary.

We need to know that there is evidence to support your answer to this section. Please describe the evidence you have to support each answer, and where it can be found.

Your evidence could include relevant policies, procedures, processes, contracts, and staff induction and training arrangements. Evidence must be directly relevant to the topic, and help us to assess whether you are or will be meeting the requirements of the relevant regulations.

You should cross-refer to answers in other parts of the form where relevant.

Your answers should satisfy us that the five key questions we ask about providers and their services are going to be addressed: -

- **Are they safe?**
- **Are they effective?**
- **Are they caring?**
- **Are they responsive to people's needs?**
- **Are they well-led?**

In answering these questions it is important that you are able to demonstrate how the requirements of the Health and Social Care Act 2008 (as amended), and associated regulations will be met.

In particular the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (as amended) (the '2014 Regulations') and the Care Quality Commission (Registration) Regulations 2009 (as amended) (the '2009 Regulations')

Please note we do not expect an essay when completing this section.

Section 8: Information that must be available on request

Checklist

Use the checklist in this section to confirm that you could provide the information the law says must be available on request by CQC.

Section 9: Partnerships agreement to conditions of registration

Since 5 February 2013 CQC has made the membership of partnerships a condition of registration. This is to enable partnerships to continue as the same registered provider entity when partners leave or join the partnership, and thereby avoid having to apply to cancel their

registration and submit a fresh application every time this happens. You must tick the box to state that you agree to this condition of registration.

Section 10: Supporting Notes

Use this space to provide any additional information needed to support your answers to any of the questions in this section.

*Section 11: Application declaration and checklist

You must fill in an answer to every field marked with an asterisk (*).

All applicants must sign the declaration.

The declaration **MUST** be signed by the following : -

If the applicant is an Organisation: An individual duly authorised by the organisation to sign the declaration.

If the applicant is a Partnership: A partner of the partnership identified in Section 3.4.

If the applicant is an Individual: The individual.

If you do not submit all required forms and information, your application will be returned to you.

You can read more about applying for registration on our website www.cqc.org.uk. If you have any questions you can call our National Customer Service Centre on **03000 616161**.