

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

**Application to cancel one regulated
activity**

Application by an existing registered manager

May 2018

**Applications under section 19(1)(b) of the Health and Social Care Act 2008 (as amended)**

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| This form must only be used by:**Existing managers to cancel their registration in respect of ONE (of many) regulated activity.**It must not be used by:* Managers, to cancel their registration in respect of ALL regulated activities
* Providers for any purpose.
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**Note:** If the Care Quality Commission (CQC) has begun certain legal action against you, you cannot make an application to cancel your registration under section 19 of the Health and Social Care Act 2008 (as amended). Please see section 19(3) of the Act.

Registered managers are responsible for their own registration, including applying to register, vary or cancel the details of their registration. They may also be responsible for applying to cancel their registration; please see the relevant guidance on our website.

If you are only registered in respect of **one** regulated activity and want to apply to cancel your registration, you must not use this form to do so. Please use the form for managers to cancel **ALL** regulated activities.

This form should only be used by managers who are registered in respect of **more than one** regulated activity.

**Completing this 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.

**Submitting your application**

If a provider is also submitting an application that relates to this application, they must submit your form together with their form(s).

If this is not the case and you are submitting this application on its own:

* If you are submitting by email, you must attach any additional location sections, as well as this main form, to your application email.
* If you are submitting your application by post, you must enclose all of the forms in your application envelope.

There is more information about submitting your application at the end of this form.

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**Statement on Data Protection**

You must sign the statement below. If you do not, we will return your application.

If you are submitting this form electronically we will accept a typed-in name as your signature.

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| I/we understand that CQC will use the information provided on this form (including personal data) and other relevant information that it obtains or receives, for the purposes of performing its regulatory functions in accordance with the Health and Social Care Act 2008.In particular, this information will be used to make decisions about the registration of providers and managers and in relation to the inspection and regulation of services.This includes publication of:* A register of providers
* Conditions of registration
* Reports about meeting the regulations
* Other information that we may publish to assist the public in understanding the quality of services and the regulatory actions of the Commission.

Information (including contact information and other personal data) may also be shared with other regulators and public bodies where necessary or expedient to assist them in carrying out tasks in the public interest.Registration application forms are processed on behalf of CQC. CQC will use and protect personal data in accordance with data protection law.Full information on how CQC processes personal data, and on your rights as a ‘data subject’ are published on our website at <http://www.cqc.org.uk/about-us/our-policies/privacy-statement>. |
| \*Applicant’s signature |       |
| \*Applicant’s full name | Title       | First       | Middle       | Last       |
| \*Date of signing (dd/mm/yyyy) |       |

**Section 1: Application details**

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| **1.1 Applicant’s name and contact details** |
| \*CQC Manager ID† |       |
| \*Applicant’s full name | Title       | First       | Middle       | Last       |
| Previous name (if applicable) |       |
| \*Date of birth (dd/mm/yyyy) |       |
| \*Address line 1 |       |
| \*Address line 2 |       |
| \*Town/city |       |
| County |       | \*Postcode |       |
| \*Email address |       |
| \*Business/mobile telephone number |       |

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| † You can find your Manager ID at the top right-hand side of your certificate of registration.You have already supplied CQC with an address for service of documents in accordance with Sections 93 and 94 of the Act.**If your current address for service of documents is not an email address:**By submitting this application you are confirming your willingness for CQC to use the **email address** shown at Section 1.1 for service of documents including notices, draft and final inspection reports and other correspondence.If you **DO NOT** want to receive these by email please check or tick the box below. |

|  |  |  |
| --- | --- | --- |
| I do **NOT** wish to receive notices and other documents including draft and final inspection reports and correspondence from CQC by email | [ ]  |  |

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| **\*1.2 Service provider’s details** |
| \*CQC Provider ID†† (if already registered) |       |
| \*Name of provider |       |
| Name trading under if different to the above |       |
| \*Address line 1 |       |
| \*Address line 2 |       |
| \*Town/city |       |
| County |       | \*Postcode |       |
| Email address |       |
| Business/mobile telephone number |       |

†† You can find the Provider ID at the top right-hand side of the manager’s certificate of registration.

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| **\*1.3 Effective date** |
| It takes CQC up to 10 weeks to process most applications, sometimes more. The regulated activity will not be removed from your registration unless and until you receive a Notice of Decision that confirms this. |
| \* When do you want your registration in respect of the regulated activity to be cancelled (dd/mm/yyyy)? |       |  |

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| **\*1.4 The regulated activity you want to cancel** |
| Please check / tick the regulated activity you want to cancel **(only one per form)** |
| Personal care  | [ ]  |  |
| Accommodation for persons who require nursing or personal care | [ ]  |  |
| Accommodation for persons who require treatment for substance misuse | [ ]  |  |
| Treatment of disease, disorder or injury | [ ]  |  |
| Assessment or medical treatment for persons detained under the Mental Health Act 1983 | [ ]  |  |
| Surgical procedures | [ ]  |  |
| Diagnostic and screening procedures | [ ]  |  |
| Management of supply of blood and blood derived products  | [ ]  |  |
| Transport services, triage and medical advice provided remotely | [ ]  |  |
| Maternity and midwifery services | [ ]  |  |
| Termination of pregnancies | [ ]  |  |
| Services in slimming clinics | [ ]  |  |
| Nursing care | [ ]  |  |
| Family planning service | [ ]  |  |

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| **\*1.5 Reason for the application** |
| Please explain why you are applying to cancel your registration to manage this regulated activity. |
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| **\*1.6 Other details** |
| Where there is a condition on the provider’s registration to have a registered manager for the regulated activity: |
| Has a replacement manager been appointed? |
| Yes | [ ]  |  |
| No | [ ]  |  |
| Don’t know | [ ]  |  |
|  |
| Is there anything you would like to discuss with CQC before your registration is cancelled? |
| Yes | [ ]  |  |
| No | [ ]  |  |

**Section 2: Application declaration**

**PLEASE READ THE DECLARATION CAREFULLY BEFORE SIGNING**

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| I hereby declare that the information detailed in this application is true and accurate.I understand that section 37 of the Act makes it an offence to knowingly make a statement which is false or misleading in a material respect in this application. This will apply to the entirety of the application. I understand that to knowingly make a false or misleading statement could render me liable to prosecution. It could also lead to the refusal of this application. If the false or misleading statement becomes apparent after registration is granted, it could result in cancellation of registration. I understand that it is my responsibility to inform CQC of any information that is relevant to our application which may not have been requested, and to update CQC with this information accordingly. I have kept a copy of all the information submitted and will keep a copy of anything I submit subsequently.I understand that if I change my postal or email address for service of notices documents and other communications, I must update the relevant part of our Statement of Purpose, notify CQC about the change and supply a copy of the amended Statement in accordance with Regulation 12 of, and Schedule 3, to the 2009 Regulations.I understand if this application is granted I will be legally obliged to meet the Act and associated regulations, in particular the 2014 Regulations and 2009 Regulations and to have regard to the Guidance about the Regulations for Providers’. I understand that failing to meet the relevant legislation could lead to the refusal of this application.Once registered, I agree to inform CQC if I can no longer meet the regulations. Failing to meet the regulations once registered could result in civil or criminal enforcement action being taken. By submitting this application I agree that the information contained in this form may be used to form conditions of registration. |

If you are submitting this form electronically we will accept a typed-in name as a signature.

|  |  |
| --- | --- |
| \*Applicant’s signature |       |
| \*Applicant’s full name | Title       | First       | Middle       | Last       |
| \*Date of signing (dd/mm/yyyy) |       |
| \*Role / job title |       |
| \*Email address |       |

**How to submit this application**

This form must be submitted to CQC. Please see page 3 to check whether you should submit this application together with a relevant application by a provider or whether you must submit the application its own.

If you are submitting this application on its own, you should, wherever possible, **email** your completed forms to:**HSCA\_Applications@cqc.org.uk****.**

If you are unable to send us your application by email, you should print and sign your completed form(s) and post them with any accompanying documents in the same envelope to:

CQC HSCA Registrations

Citygate

Gallowgate

Newcastle upon Tyne

NE1 4PA

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

If a provider is submitting this application, they can find information about how to do so at the back of their form.

You can read more information on our website [www.cqc.org.uk](http://www.cqc.org.uk) or call our National Customer Service Centre on **03000 616161**.

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