Additional Section 2 (add a partner)

This form must be completed in addition to the ‘Add a partner’ form.

Complete one additional Section 2 for each extra partner being added to the partnership.

## Section 2. The proposed new member(s) of the partnership

|  |  |
| --- | --- |
| The information below is for proposed new partner number: | Click or tap here to enter text. |

This section must be completed and signed by the proposed partner.

### 2.1 Partner’s name and contact details

|  |  |
| --- | --- |
| \*Title | Click or tap here to enter text. |
| \*First name | Click or tap here to enter text. |
| Middle name | Click or tap here to enter text. |
| \*Last name | Click or tap here to enter text. |
| Previous name (if applicable) | Click or tap here to enter text. |
| \*Date of birth | Click or tap to enter a date. |
| \*CQC ID(if already registered) | Click or tap here to enter text. |
| \*Address line 1 | Click or tap here to enter text. |
| \*Address line 2 | Click or tap here to enter text. |
| \*Town/city | Click or tap here to enter text. |
| County | Click or tap here to enter text. |
| \*Postcode | Click or tap here to enter text. |
| email address | Click or tap here to enter text. |
| Business or mobile number | Click or tap here to enter text. |
| \*Date the new partner will be joining | Click or tap to enter a date. |

### 2.2 Alternative temporary correspondence address for this application

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

|  |  |
| --- | --- |
| Address line 1 | Click or tap here to enter text. |
| Address line 2 | Click or tap here to enter text. |
| Town/city | Click or tap here to enter text. |
| County | Click or tap here to enter text. |
| Postcode | Click or tap here to enter text. |
| email address | Click or tap here to enter text. |
| Telephone or mobile number | Click or tap here to enter text. |

### 2.3 Previous history as a registered person

Have you ever been registered as a manager or provider of an establishment, agency or service registered under any of the following Acts of Parliament?

(check or tick for yes, leave blank for no)

|  |
| --- |
| [ ]  The Registered Homes Act 1984[ ]  The Registered Homes (Amendment) Act 1991[ ]  The Children Act 1989 (including childminding and day care for children)[ ]  The Nurses Agencies Act 1957[ ]  The Care Standards Act 2000[ ]  Health and Social Care Act 2008 (as amended) |

If you have answered ‘Yes’ to any of the above, give details **in section 2.4**.

### \*2.4 Employment history

Provide details of your full employment history. State whether you were the registered person (under any of the Acts of Parliament shown in Section 2.3).

|  |  |
| --- | --- |
| Start date | Click or tap to enter a date. |
| End date | Click or tap to enter a date. |
| Employer | Click or tap here to enter text. |
| Job title and brief description | Click or tap here to enter text. |
| Reason for leaving | Click or tap here to enter text. |
| Were you the registered person? | [ ]  Yes [ ]  No |
| Registration start date | Click or tap to enter a date. |
| Registration end date | Click or tap to enter a date. |

|  |  |
| --- | --- |
| Start date | Click or tap to enter a date. |
| End date | Click or tap to enter a date. |
| Employer | Click or tap here to enter text. |
| Job title and brief description | Click or tap here to enter text. |
| Reason for leaving | Click or tap here to enter text. |
| Were you the registered person? | [ ]  Yes [ ]  No |
| Registration start date | Click or tap to enter a date. |
| Registration end date | Click or tap to enter a date. |

|  |  |
| --- | --- |
| Start date | Click or tap to enter a date. |
| End date | Click or tap to enter a date. |
| Employer | Click or tap here to enter text. |
| Job title and brief description | Click or tap here to enter text. |
| Reason for leaving | Click or tap here to enter text. |
| Were you the registered person? | [ ]  Yes [ ]  No |
| Registration start date | Click or tap to enter a date. |
| Registration end date | Click or tap to enter a date. |

|  |  |
| --- | --- |
| Start date | Click or tap to enter a date. |
| End date | Click or tap to enter a date. |
| Employer | Click or tap here to enter text. |
| Job title and brief description | Click or tap here to enter text. |
| Reason for leaving | Click or tap here to enter text. |
| Were you the registered person? | [ ]  Yes [ ]  No |
| Registration start date | Click or tap to enter a date. |
| Registration end date | Click or tap to enter a date. |

|  |  |
| --- | --- |
| Start date | Click or tap to enter a date. |
| End date | Click or tap to enter a date. |
| Employer | Click or tap here to enter text. |
| Job title and brief description | Click or tap here to enter text. |
| Reason for leaving | Click or tap here to enter text. |
| Were you the registered person? | [ ]  Yes [ ]  No |
| Registration start date | Click or tap to enter a date. |
| Registration end date | Click or tap to enter a date. |

|  |  |
| --- | --- |
| Start date | Click or tap to enter a date. |
| End date | Click or tap to enter a date. |
| Employer | Click or tap here to enter text. |
| Job title and brief description | Click or tap here to enter text. |
| Reason for leaving | Click or tap here to enter text. |
| Were you the registered person? | [ ]  Yes [ ]  No |
| Registration start date | Click or tap to enter a date. |
| Registration end date | Click or tap to enter a date. |

|  |  |
| --- | --- |
| Start date | Click or tap to enter a date. |
| End date | Click or tap to enter a date. |
| Employer | Click or tap here to enter text. |
| Job title and brief description | Click or tap here to enter text. |
| Reason for leaving | Click or tap here to enter text. |
| Were you the registered person? | [ ]  Yes [ ]  No |
| Registration start date | Click or tap to enter a date. |
| Registration end date | Click or tap to enter a date. |

### Reasons for gaps in employment.

|  |
| --- |
| Click or tap here to enter text. |

### 2.5 Refused applications and cancellations

|  |  |
| --- | --- |
| \*Have you ever had an application refused or a registration cancelled by a regulator under any of the Acts of Parliament shown in Section 2.3? | [ ]  Yes[ ]  No |

If ‘Yes’, provide details:

|  |
| --- |
| Click or tap here to enter text. |

### 2.6 Administration and bankruptcy

|  |  |
| --- | --- |
| \*Have you ever been declared bankrupt or involved in an organisation that went into administration? | [ ]  Yes[ ]  No |

If ‘Yes’, provide details:

|  |
| --- |
| Click or tap here to enter text. |

### 2.7 Medical history

|  |  |
| --- | --- |
| \*Do you have any physical or mental health conditions which are relevant to your ability to carry on, manage, or work for the purposes of, the regulated activity? | [ ]  Yes[ ]  No |

If ‘Yes’, provide details. Describe any arrangements the service provider has put in place, including any reasonable adjustments, to enable you to do your job.

|  |
| --- |
| Click or tap here to enter text. |

You must notify CQC of any significant changes to your health after you are registered.

### 2.8 Your GP

We may need to contact your doctor about your application. Please supply their contact details below.

|  |  |
| --- | --- |
| \*GP’s name | Click or tap here to enter text. |
| \*Surgery | Click or tap here to enter text. |
| \*Surgery address line 1 | Click or tap here to enter text. |
| \*Surgery address line 2 | Click or tap here to enter text. |
| \*Town/city | Click or tap here to enter text. |
| County | Click or tap here to enter text. |
| \*Postcode | Click or tap here to enter text. |

|  |  |
| --- | --- |
| \*Do you give permission for CQC to contact your doctor or their surgery? | [ ]  Yes[ ]  No |

### 2.9 Qualification skills and experience

Only complete this section if you will be in day-to-day charge of one or more regulated activities at one or more of the locations.

Please give details of your relevant qualifications, skills and experience in relation to managing the regulated activities you are applying to be registered for.

|  |
| --- |
| Click or tap here to enter text. |

### \*2.10 Declarations by a health or social care professional

Only complete this section if you will be in day-to-day charge of one or more regulated activities at one or more locations.

|  |  |
| --- | --- |
| Professional body name | Click or tap here to enter text. |
| Professional registration number | Click or tap here to enter text. |
| Professional body name | Click or tap here to enter text. |
| Professional registration number | Click or tap here to enter text. |
| \*Are you 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, including by a regulatory body in another country? | [ ]  Yes[ ]  No |

If ‘Yes’, provide details:

|  |
| --- |
| Click or tap here to enter text. |

|  |  |
| --- | --- |
| \*Have you 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? | [ ]  Yes[ ]  No |

If ‘Yes’, provide details:

|  |
| --- |
| Click or tap here to enter text. |

### 2.11 Declarations by all partners

|  |  |
| --- | --- |
| \*Are you or have you been subject to any safeguarding investigation? | [ ]  Yes[ ]  No |

If ‘Yes’, provide details:

|  |
| --- |
| Click or tap here to enter text. |

### 2.12 Disclosure and Barring Service (DBS) details

|  |  |
| --- | --- |
| \*Have you received an **enhanced** DBS disclosure within the last 12 months, and was the application for the disclosure **countersigned by CQC?** | [ ]  Yes[ ]  No |

If you have not done so we will return your application to you.

|  |  |
| --- | --- |
| \*DBS disclosure number | Click or tap here to enter text. |
| \*Date of disclosure | Click or tap to enter a date. |

### 2.13 Reference

We may need to contact a referee about your application. Please supply their contact details below

Your referee must be your last employer. If you do not have a last employer, your referee:

* must not be related to you
* must be able to provide a reference as to your competence to manage the service
* must have employed or worked with you for a period of at least three months

|  |  |
| --- | --- |
| \*Referee’s title | Click or tap here to enter text. |
| \*Referee’s first name | Click or tap here to enter text. |
| \*Referee’s last name | Click or tap here to enter text. |
| \*Referee’s address line 1 | Click or tap here to enter text. |
| \*Referee’s address line 2 | Click or tap here to enter text. |
| \*Town/city | Click or tap here to enter text. |
| \*Postcode | Click or tap here to enter text. |
| \*Referee’s email address | Click or tap here to enter text. |
| \*Referee’s telephone number | Click or tap here to enter text. |

|  |  |
| --- | --- |
| \*Do you give permission for CQC to contact your referee? | [ ]  Yes[ ]  No |

### 2.14 Partner’s signature

|  |  |
| --- | --- |
| \*Signature of proposed partner (named in Section 2.1) | Click or tap here to enter text. |
| \*Print your full name | Click or tap here to enter text. |
| \*Date | Click or tap to enter a date. |