Add a partner

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

Application to vary a partnership’s membership condition of registration

**This form must only be used by:**

## Partnerships applying to vary their membership condition of registration to add a partner/s

It must not be used by:

* Partnerships that are applying for registration for the first time
* Partnerships that do not have a condition of registration in relation to the membership of the partnership
* Organisations for any purpose
* Individuals (whether providers or managers) for any purpose.

## Registration and partnerships

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: [www.cqc.org.uk](http://www.cqc.org.uk).

It is an offence under section 33 of the Act for registered providers to fail to comply with any condition of registration attached to that regulated activity without reasonable cause. If you commit such an offence you could be prosecuted, and it could lead to the cancellation of your registration.

The names of the members of partnerships registered to carry on regulated activities are included in a condition of registration. This condition is shown on your certificate of registration. It is against the law not to comply with conditions of registration. This form is for use by partnerships when applying to vary their conditions of registration to add one or more partners’ names to the list of partners in the relevant condition of registration.

## Confidential personal information

Please make sure 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 reject any application form that includes such information.

## 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 the Care Quality Commission (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 do not 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](http://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.

## Extra sections

If your application includes more than one proposed new partner, you will need to download, complete and submit additional forms. There is information about how to do this at the relevant section in this form.

If you are submitting this application by email you must attach all the required additional sections, 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.

If you do not attach or enclose additional partner, location and manager forms where they are needed, we will have to return your application.

## Statement on Data Protection

The person who signs the statement below must be duly authorised to do so on behalf of the partnership. If not, we will return your application.

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>.

The signatory below can be any member of the partnership who is duly authorised to sign on behalf of the partnership. This must be a partner who is currently registered.

|  |  |
| --- | --- |
| \*Partner’s signature  (you can type your name) | Click or tap here to enter text. |
| \*Partner’s title | Click or tap here to enter text. |
| \*Partner’s first name | Click or tap here to enter text. |
| Partner’s middle name | Click or tap here to enter text. |
| \*Partner’s last name | Click or tap here to enter text. |
| \*Date of signature | Click or tap to enter a date. |

## Section 1. Application details

### 1.1 Partnership name and contact details

|  |  |
| --- | --- |
| \*Partnership name | Click or tap here to enter text. |
| \*CQC provider ID | Click or tap here to enter text. |

Your CQC provider ID is on the top right-hand side of your certificate of registration.

For the partnership’s principal office, provide:

|  |  |
| --- | --- |
| \*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. |

You have already given us an address for service of documents in accordance with Sections 93 and 94 of the Act. If that address is not an email address:

By submitting this application, you are confirming your willingness for us to use the email address shown at Section 1.1 for service of documents in accordance with Sections 93 and 94 of the Act, and for sending all other correspondence to you.

|  |
| --- |
| We do **not** wish to receive notices and other documents including draft and final inspection reports and correspondence from CQC by email |

This form has space for the details of one proposed new member of the partnership.

If there is more than one proposed new member, you must download and fully complete separate ‘Additional New Partner’ sections. You must submit these additional sections with this form. You can download additional sections from the webpage where you found this form. Please give each proposed new partner a number so that we know you have sent us information about all the proposed new partners. If you do not give us all required information about all the new partners, we will return your application.

|  |  |
| --- | --- |
| \*How many proposed new partners are in this application? | Click or tap here to enter text. |

### 1.2 Main contact partner

The ‘main contact partner’ is the partner to whom we 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 in the partnership’s Statement of Purpose.

If this application is not successful, we will continue to address correspondence to the existing main contact partner.

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 address without delay, including when the main contact partner is not available.

|  |  |
| --- | --- |
| \*Will a partner who is joining the partnership in this application become its main contact partner (this will only be possible if the application is successful)? | Yes  No |

If yes, which partner applying in this application will take over as the main partner to contact for CQC purposes?

|  |  |
| --- | --- |
| \*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. |
| \*Date of birth | Click or tap to enter a date. |

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

|  |  |
| --- | --- |
| The information below is for proposed new partner number: | 1 |

This section must be completed and signed by the proposed partner named at Section 1.2. Where the partnership has more than one proposed new partner, they must fill in additional partner sections. You can download additional forms from the webpage where you found this form.

### 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. |

## Section 3. Other information

### \*3.1 Impact on the partnership

If (any of) the proposed new partner(s) will contribute to the partnership having the necessary qualifications, skills and experience to carry on the regulated activity or activities, please describe how they will do so and what their role in the partnership will be. Where this is not the case, state not applicable.

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

If (any of) the proposed new partner(s) will **not** contribute to the partnership having the necessary qualifications, skills and experience to carry on the regulated activity or activities, please describe how they will do so and what their role in the partnership will be. Where this is not the case, state not applicable.

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

### \*3.2 Checklist for information that must be available

Please confirm that the following information is available for each member of the partnership if required by CQC.

The complete list of information that must be available if required by CQC can be found in Schedule 3 to the 2014 Regulations.

If any of the information is not confirmed as available, we will return your application. Do not submit this information with your application. We will ask to see it if needed.

|  |
| --- |
| Proof of identity including a recent photograph  An enhanced Disclosure and Barring Service disclosure countersigned by CQC  A full employment history together with a satisfactory written explanation of any gaps in employment  Satisfactory evidence of conduct in relevant previous employment where such employment was concerned with the provision of services relating to:   * Health and social care * Children or vulnerable adults   If the partner previously worked in a position whose duties involved work with vulnerable adults or children, verification (so far as is reasonably practical) of the reason why you left the position and a name and address of someone we can contact to discuss this, if required  Documentary evidence of all relevant qualification/s and any professional registrations |

### 3.3 Supporting notes

Please use this space to provide any additional information needed to support your answers to any of the questions in this application form.

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

## Section 4: Application declaration

**Read the declaration carefully before signing.**

We hereby declare that the information detailed in this application is true and accurate.

We 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. We understand that to knowingly make a false or misleading statement could render us 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.

We understand that it is our 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. We have kept a copy of all the information submitted and will keep a copy of anything we submit subsequently.

We understand that if I/we change our postal or email address for service of notices documents and other communications, we must update the relevant part of our Statement of Purpose, notify CQC about the change and supply a copy of the amended Statement to CQC in accordance with Regulation 12 of, and Schedule 3 to, the Care Quality Commission (Registration) Regulations 2009 (as amended) (the 2009 Regulations).

We understand if this application is granted I/we will be legally obliged to meet the Act and associated regulations, in particular the 2009 Regulations and 2014 Regulations and to have regard to the Guidance about the Regulations for Providers’. We understand that failing to meet the relevant legislation could lead to the refusal of this application.

By submitting this application we agree that the information contained in this form may be used to form conditions of registration.

By submitting this application we agree to our condition of registration in relation to the membership of the partnership being varied to add the partner(s) named in this application.

|  |  |
| --- | --- |
| \*Have all the partnership’s partners seen and agreed the contents of this application? | Yes  No |

This declaration must be signed by a registered member of the partnership who is duly authorised to sign on behalf of the partnership.

|  |  |
| --- | --- |
| \*Partner’s signature  (you can type your name) | Click or tap here to enter text. |
| \*Partner’s full name | Click or tap here to enter text. |
| \*Date | Click or tap to enter a date. |

## How to submit this application and accompanying documents

If your application is linked to a provider application, your registered manager forms must be submitted with the provider forms and documents in the same email or envelope.

Please submit this application to the Care Quality Commission. Make sure all required additional sections are included.

The checklist below shows the documents that you may need to include with the application (tick if attached):

|  |  |
| --- | --- |
| Form or document | Additional information |
| Additional proposed new partner sections as needed | Number of proposed new partners in the partnership:  Click or tap here to enter text.  Number of additional proposed new partner sections submitted with this application:  Click or tap here to enter text. |

## Where to send the application

You should wherever possible email your completed form(s) and accompanying documents to:

[HSCA\_Applications@cqc.org.uk](mailto:HSCA_Applications@cqc.org.uk)

You must attach all related forms to the same email.

If you cannot send us your application by email, you should print and sign your completed form(s). 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 forms and information, your application will be returned to you.

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**.