Application for registration as a manager of regulated activity/activities

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

Application under section 14 of the Health and Social Care Act 2008 (as amended)

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

## Individuals applying to register as a manager

They must be either:

* First-time applicants (including applicants who will job-share), or
* Existing registered managers who now work for a different provider but cannot use the fast track registration process for this (see below).

It must not be used by:

* Existing managers who want to add or remove a location to/from their registration
* Existing managers who want to add or remove a regulated activity to/from their registration
* Existing managers who want to vary or remove a condition from their registration
* Existing managers who want to vary or cancel the suspension of their registration
* Service providers (‘providers’, whether individuals, organisations or partnerships) for any purpose.

## Registration and registered managers

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).

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

## 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.

## Fast track applications from certain existing managers

If you are an existing manager whose locations are being sold or otherwise transferred to a new provider, and:

* you will manage the same regulated activities, and
* you will manage the same locations, and
* you will keep any other conditions on your current certificate of registration

you should not use this application form. You should use the fast track process that has a shorter form you can use to both cancel your existing registration and apply for new registration under the new provider.

All other managers must use this application form, even if you 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 you to do so.

## 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.

## Submitting your application

If your application includes more than one location, you must also download, fill in and submit additional location sections. There is information about this in the location section of the form. If a provider is also submitting an application that requires this application to be made, your form and any additional sections must be submitted by the provider together with their form(s).

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

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

If you do not answer all relevant questions and attach or enclose additional location forms where they are needed, we will return your application to you.

## Statement on Data Protection

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

I 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>

|  |  |
| --- | --- |
| \*Signature of applicant(you can type your name) | 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 1: Details about the applicant and provider

### Applicant’s name and contact details

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

|  |  |
| --- | --- |
| CQC manager ID(if already registered) | Click or tap here to enter text. |
| \*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. |
| \*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. |

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. 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.

Email ensures fast and efficient delivery of important information. We will not share this email address with anyone else.

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

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.

### 1.2 Alternative correspondence address

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.

|  |  |
| --- | --- |
| Contact’s 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. |
| 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 number | Click or tap here to enter text. |

### 1.3 Service provider’s details (not your location)

You can find the provider ID on the top right-hand side of the provider’s certificate of registration (where they are already registered).

|  |  |
| --- | --- |
| CQC provider ID(if already registered) | Click or tap here to enter text. |
| \*Name of provider | Click or tap here to enter text. |
| \*Business address line 1 | Click or tap here to enter text. |
| \*Business 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. |

If a new provider is taking over your location, you must supply the details for the **new** provider.

### 1.4 Location details

If you are applying to manage regulated activity at more than one location, you can download extra location details sections from the webpage where you found this form.

If you are filling in this form on paper and need extra space, please add extra numbered sheets as needed, 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 your locations.

If you do not give us information about all the locations you intend to manage, we will have to return your application.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| The information below is for location number:  | 1 | of a total of: | Click or tap here to enter text. | locations |

|  |  |
| --- | --- |
| CQC location ID(if a provider is already registered to carry on or manage regulated activity here) | Click or tap here to enter text. |
| \*Name of the location | Click or tap here to enter text. |
| \*Location address line 1 | Click or tap here to enter text. |
| \*Location 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. |
| Business email address | Click or tap here to enter text. |
| Main business telephone number | Click or tap here to enter text. |
| Website (if any) | Click or tap here to enter text. |

#### \*Job share

If managing this location is a job share post, give details or type ‘not applicable’:

|  |  |
| --- | --- |
| \*Job share manager’s ID(if already registered) | Click or tap here to enter text. |

You can find this on the top right-hand side of the manager’s certificate of registration.

|  |  |
| --- | --- |
| Job share’s title | Click or tap here to enter text. |
| First name | Click or tap here to enter text. |
| Last name | Click or tap here to enter text. |

#### \*Regulated activities you will manage at this location

Tick the regulated activities you are applying to manage at this location. These are defined in section 8 of, and schedule 1 to, the 2014 Regulations.

|  |
| --- |
| [ ]  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 |

If you intend to manage regulated activities at more than one location, you must fill in and submit additional location section forms. You can find these forms on the CQC webpage where you found this form.

### \*1.5 Managing multiple locations

|  |  |
| --- | --- |
| \*Will you be managing regulated activities at more than one location? | [ ]  Yes[ ]  No |

If yes, describe how you will ensure effective day to day management at each location.

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

### 1.6 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. |

### \*1.7 Checklist for information that must be available

Please confirm that the following information is available 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 you have 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 |

### \*1.8 Previous history as a registered person

Have you ever been registered as 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 answered ‘Yes’ to any of the above, provide details:

|  |  |
| --- | --- |
| 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. |

|  |  |
| --- | --- |
| 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. |

|  |  |
| --- | --- |
| 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. |

|  |  |
| --- | --- |
| 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. |

|  |  |
| --- | --- |
| 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. |

|  |  |
| --- | --- |
| 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. |

### \*1.9 Employment history

Provide details of your full employment history, **where not already shown in Section 1.8**

|  |  |
| --- | --- |
| 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. |

|  |  |
| --- | --- |
| 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. |

|  |  |
| --- | --- |
| 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. |

|  |  |
| --- | --- |
| 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. |

|  |  |
| --- | --- |
| 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. |

|  |  |
| --- | --- |
| 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. |

|  |  |
| --- | --- |
| 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. |

Reasons for gaps in employment, **across Sections 1.8 and 1.9**

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

|  |  |
| --- | --- |
| \*Do you give permission for CQC to contact your previous employer or any other appropriate person to obtain information relating to your previous employment? | [ ]  Yes[ ]  No |

### 1.10 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 1.8? | [ ]  Yes[ ]  No |

If ‘Yes’, provide details:

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

### 1.11 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.

### 1.12 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 |

### 1.13 Qualification skills and experience

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. |

### \*1.14 Declarations by a health or social care professional

|  |  |
| --- | --- |
| 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. |

1.15 Other investigations, or bars on activity by the Disclosure and Barring Service (DBS)

[**(See guidance) To be completed by all applicants**](http://www.cqc.org.uk/content/criminal-record-checks)

|  |  |
| --- | --- |
| \*Are you or have you been subject to any safeguarding investigation, criminal investigation or any investigation by a previous employer? | [ ]  Yes[ ]  No |

If ‘Yes’, provide details:

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

### 1.16 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 |

### 1.17 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 2: Application declaration

**Read the declaration carefully before signing.**

I hereby declare that the information I have provided in this form 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 or 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 the CQC of any information that is relevant to my application which may not have been requested, and to update 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 and delivery of other documents, I must notify CQC using the specific form for this purpose.

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.

|  |  |
| --- | --- |
| \*Signature of applicant(you can type your name) | 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. |

## 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 location sections as needed | Number of locations where you are applying to manage regulated activity/ies:Click or tap here to enter text.Number of additional location 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

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**.