Change to a statement of purpose

Regulation 12(3), Care Quality Commission (Registration) Regulations 2009

## Coronavirus (COVID-19) vaccination programmes only

**Use this form if you’re an existing provider who:**

* is registered to carry on the regulated activity of treatment disease, disorder or injury **and**
* is responsible for delivering a coronavirus vaccination programme **and**
* is delivering the vaccination programme from a location (premises or site) that is not currently listed in your condition of registration, but where either:
  + the location is a condition of registration for another provider who is registered to carry on the regulated activity of treatment disease, disorder or injury and is hosting the delivery of the vaccination service carried out by you **or**
  + the premises are not currently used for carrying on a regulated activity (for example sports venues, car parks, community centres) and will be used **only** as a vaccination site.

## 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 notification and return it to you.

If you use a computer you can 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.

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.

## Submitting the form

Send the completed form as soon as possible to: [HSCA\_notifications@cqc.org.uk](mailto:HSCA_notifications@cqc.org.uk?subject=COVID-19)

Include COVID-19 in the email subject.

## Section 1: Provider

### 1.1 Provider details

|  |  |
| --- | --- |
| \*CQC provider ID | Click or tap here to enter text. |
| \*Name of provider | Click or tap here to enter text. |

### 1.2 Registered manager details

|  |  |
| --- | --- |
| \*Name of registered manager | Click or tap here to enter text. |

### 1.3 Person completing this form

|  |  |
| --- | --- |
| \*Full name | Click or tap here to enter text. |
| \*Date submitted | Click or tap to enter a date. |
| \*Telephone number | Click or tap here to enter text. |

|  |  |
| --- | --- |
| Alternative contact name | Click or tap here to enter text. |
| Telephone number | Click or tap here to enter text. |

## Section 2: Changes to your statement of purpose

Complete this section if you’re delivering a coronavirus vaccination programme from any place that is not included in your current location condition of registration for the treatment disease, disorder or injury.

### 2.1 Date

|  |  |
| --- | --- |
| \*Date when you started/expect to start delivering the vaccination programme | Click or tap to enter a date. |

### 2.2 Sites

For sites you will be delivering the programme from that are not locations listed in your condition of registration for the treatment disease, disorder or injury.

|  |  |
| --- | --- |
| \*The number of sites that are an existing location condition of registration for another registered provider who is carrying on the treatment disease, disorder or injury at that location (therefore you are ‘hosting’ the programme). | Click or tap here to enter text. |
| \*The number of sites that are not currently used for carrying on a regulated activity and will be used as a vaccination site only. | Click or tap here to enter text. |
| \*Have these sites been designated by NHSE as coronavirus vaccination sites? | Yes  No |
| Date of designation (if applicable) | Click or tap to enter a date. |

### 2.3 Addresses of sites

Addresses of sites from where the programme will be delivered that are not locations listed in your condition of registration for the treatment disease, disorder or injury.

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

## Send us the form

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Include COVID-19 in the email subject.