

**Additional section 3.2: Applications to cancel one regulated activity**

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| **\*3.2 Locations that will close if your registration to carry on the regulated activity is cancelled** |
| Please provide details about additional locations that will close if your application is successful. This form can only be submitted together with an application from an existing provider to cancel their registration to carry on ONE regulated activity.  If you are filling in this form on paper and need extra space, please add extra numbered sheets as needed.  Please give each location that would close a number so that we know you have sent us information about all of the locations.  **If you don’t give us information about all of the affected locations we will have to return your application.** |

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| The information below is for closing location number: |  | of a total of: |  | locations that will close when I stop carrying on the regulated activity |

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| **Location details**  Please fill in the CQC Location ID number and address details for **the location that will close if your application is successful** | | |
| \*CQC Location ID † |  | |
| \*Name of location |  | |
| \*Address line 1 |  | |
| \*Postcode |  | |
| No of places or beds (\*if applicable) | |  |
| Please explain why you are closing this location. Please also say how the closure will affect the people who use your service and how you plan to manage this. | | |
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| **\*3.3 Supplementary questions for dental providers** | |
| If by removing a regulated activity means the closure of a location(s) which results in you now providing dental services at **one location only**, please answer the following questions about the remaining dental service. | |
| \* Location name |  |
| \* CQC Location ID |  |
| \* Please state the number of dental chairs at this location |  |