

**Additional Section 3: Location(s) you want to remove**

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| Please provide details about the location(s) you want to remove from your condition(s) of registration to carry on or manage a regulated activity.  This form cannot be submitted on its own. It must be submitted together with an application to removing one or more locations.  Please give each location a number so that we know you have sent us information about all the relevant locations.  If you are completing this form on paper and need extra space, please add extra numbered sheets as needed, and mark them with the question number from this form. |

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| The information below is for location no.: |  | of a total of: |  | locations I/we want to remove |

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| **\*3.1 Details for Location number:** | |  | **of:** |  | **locations** |
| \*CQC Location ID |  | | | | |
| \*Name of location |  | | | | |
| \*Address line 1 |  | | | | |
| \*Postcode |  | | | | |
| No of places or beds (\*if applicable) | | | | |  |

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| **\*3.2 The remaining regulated activities at this location** | | | |
| Are you applying to remove this location from **ALL** the regulated activities you are registered to provide? | | | |
| Yes (If **Yes** now go straight to Section 3.3) | |  |  |
|  | | | |
| No | |  |  |
| If **No**, please check / tick the regulated activities you will *continue* to provide at this location. | | | |
| Personal care – (RA1) |  | |  |
| Accommodation for persons who require nursing or personal care – (RA2) |  | |  |
| Accommodation for persons who require treatment for substance misuse – (RA3) |  | |  |
| Treatment of disease, disorder or injury – (RA5) |  | |  |
| Assessment or medical treatment for persons detained under the Mental Health Act 1983 – (RA6) |  | |  |
| Surgical procedures – (RA7) |  | |  |
| Diagnostic and screening procedures – (RA8) |  | |  |
| Management of supply of blood and blood derived products – (RA9) |  | |  |
| Transport services, triage and medical advice provided remotely - (RA10) |  | |  |
| Maternity and midwifery services – (RA11) |  | |  |
| Termination of pregnancies – (RA12) |  | |  |
| Services in slimming clinics – (RA13) |  | |  |
| Nursing care – (RA14) |  | |  |
| Family planning service - (RA15) |  | |  |

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| **\*3.3 Reasons and the effect on people who use the service** |
| Why are you applying to remove this location? How will this affect the people who use the service there, and how will this be managed? |
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| **\*3.4 Supplementary questions for dental providers** | |
| If by removing a location(s) providing dental services, you are now providing dental services at **one location only**, please answer the following questions about the remaining dental service. | |
| \* Location name |  |
| \* CQC Location ID (if known) |  |
| \* Please state the number of dental chairs at this location |  |