

**Statutory notification**

Regulation 15, Care Quality Commission (Registration) Regulations 2009

Changes affecting a provider or manager

|  |  |  |
| --- | --- | --- |
| logo | Provider’s notification reference:  |  |
|       |
|  |

|  |
| --- |
| Statutory and other notifications about changes affecting the provider or manager of a regulated activityCare Quality Commission (Registration) Regulations 2009, Regulation 15Health and Social Care Act 2008, section 94 |

Please read our **guidance for providers about making statutory notifications** and our **Guidance about compliance: Essential standards of quality and safety** for detailed advice on how and when to make statutory notifications, available at [www.cqc.org.uk](http://www.cqc.org.uk).

**You must complete section 1** for all notifications of changes, and then (as needed):

**Section 2** for changes to a registered individual’s name

**Section 3** for changes to the membership of a partnership

**Section 4** for changes to an organisation’s name or address

**Section 5** to notify the appointment of a new nominated individual

**Section 6** for changes to an organisation’s officers or directors

**Section 7** to notify the appointment of a trustee in bankruptcy, a receiver, or liquidator

**Section 8** to notify the sequestration of a registered person’s estate

**Section 9** to provide any other relevant information

|  |
| --- |
| **Non-statutory notifications****NHS bodies** should use **section 6** to tell us about changes of **chief executive**.**All providers** can use this form to tell us about changes to your main contact telephone number.**Please enter dates in** the format dd/mm/yyyyPlease do not include the name of any person in the form, other than the name of the person completing and submitting the form. Information on how CQC processes and protects personal information, and on the rights of data subjects, are published on our website at <http://www.cqc.org.uk/about-us/our-policies/privacy-statement> Please email the completed form back to: HSCA\_applications@cqc.org.uk |

**1. Provider and relevant location details**

|  |  |
| --- | --- |
| Provider: |       |
| CQC Provider ID: |       |
| Form filled in by: |       | Date submitted |       |

**Where the change affects just one location:**

|  |  |
| --- | --- |
| CQC Location Id: |       |
| Location Name: |       |
| Location Postcode: |       |

**Where the change affects regulated activities carried on at more than one location:**

|  |  |  |
| --- | --- | --- |
| The change affects **all** locations where regulated activities are carried on | [ ]  |  |
| The change affects **some** locations where regulated activities are carried on | [ ]  |  |
| **List the affected locations and their CQC location numbers in section 9.** |

**2. Change of name of a registered person who is an individual**

 **Evidence of the name change ie Deed Poll, marriage cert, decree of absolute must be attached and submitted at the same time with this notification.**

|  |
| --- |
| **I am:** |
| A service provider who is an individual (Sole Trader) | [ ]  |
| A member of a partnership | [ ]  |
| A registered manager | [ ]  |
| My date of birth (dd/mm/yyyy): |       |
| My previous name: |       |
| My new name: |       |
| My title (e.g. Mr, Mrs, Ms, Dr): |       |

**3. Changes to a registered provider that is a partnership**

|  |  |
| --- | --- |
| A new partner is joining the partnership | [ ]  |
| The new partner’s name |       |
| A partner is leaving the partnership | [ ]  |
| The leaving partner’s name |       |

**4. Changes of name and address of a registered provider that is an organisation**

|  |  |
| --- | --- |
| The organisation is changing or has changed its **name** | [ ]  |
| The organisation’s new name: |       |
| The **business address** of the organisation is changing or has changed | [ ]  |
| The new address: |       |
| The new postcode: |       |

**5. An organisation appoints a new nominated individual**

|  |  |
| --- | --- |
| The organisation is appointing or has appointed a new **nominated individual (NI)** | [ ]  |

|  |  |
| --- | --- |
| New NI’s name: |       |
| New NI’s Title (e.g. Dr/Ms): |       |
| The NI’s date of birth (dd/mm/yyyy): |       |
| The NI’s business address: |       |
| The NI’s postcode: |       |
| The NI’s job title: |       |
| The NI’s business email address: |       |
| The NI’s business telephone number: |       |
| The regulated activity or activities they act as NI for: |       |

**6. Changes to an organisation’s directors or similar officers**

(NHS bodies can use this section to tell us about a new chief executive)

|  |  |
| --- | --- |
| \*A new director, secretary or other officer is joining or has joined the organisation | [ ]  |
| \*Personal details | Title       | First       | Middle       | Last       |
| Date of birth (dd/mm/yyyy) |       | Telephone  |       |
| Email address |       |
| Roles and responsibilities |       |
| Please check if this person is now the organisation’s primary contact for CQC | [ ]  |
| **Declaration on meeting the ‘Fit and proper person requirement’****The Chair (or equivalent) of the service provider should fill in this section of the form**I declare that all relevant checks and enquiries have been carried out in the appointment of the person whose details are shown above. I confirm that they are fit and do not meet any of the unfitness criteria specified in Schedule 4, Part 1 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 |
| Chair’s full name |       |
| Chair’s signature |       |
| Date of signing (dd/mm/yyyy)(Do not enter your Date of Birth here) |       |

(CQC will accept a typed in signature for notifications submitted electronically)

###### Where the new person is the primary contact for CQC

|  |  |
| --- | --- |
| The primary contact’s business address: |       |
| The primary contact’s postcode: |       |
| The primary contact’s business email address: |       |

###### Where a director or similar officer leaves an organisation

|  |  |
| --- | --- |
| A director, secretary or other similar officer is leaving or has left an organisation | [ ]  |
| The leaving person’s full name: |       |
| The leaving person’s role: |       |

**7. The appointment of a trustee in bankruptcy, a receiver, liquidator or provisional liquidator**

|  |  |
| --- | --- |
| A trustee in bankruptcy has been appointed for an individual who is a registered service provider | [ ]  |
| A trustee in bankruptcy has been appointed for a member of the partnership | [ ]  |
| The affected partner’s name: |       |
| A receiver, liquidator or provisional liquidator has been appointed for a partnership or organisation | [ ]  |

**8. The sequestration of an individual’s estate**

|  |  |
| --- | --- |
| The estate of a registered provider who is an individual has been sequestrated | [ ]  |
| The estate of a member of a partnership has been sequestrated | [ ]  |
| The affected partner’s name: |       |

**9 Any further relevant information**

|  |
| --- |
|       |

Continue on additional numbered sheets if necessary. Box will expand if used on a computer.

Email back to: **HSCA\_applications@cqc.org.uk**