

**Statutory notification**

Regulation 15, Care Quality Commission (Registration) Regulations 2009

Changes affecting a provider or manager

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| Statutory and other notifications about changes affecting  the provider or manager of a regulated activity  Care Quality Commission (Registration) Regulations 2009, Regulation 15  Health 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 involving a registered manager

**Section 3** for changes to a registered individual’s name

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

**Section 5** for changes to a location name

**Section 6** for changes to contact details

**Section 7** to notify the appointment of a new nominated individual

**Section 8** for changes to an organisation’s officers or directors

**Section 9** to notify the appointment of a trustee in bankruptcy, a receiver, or liquidator

**Section 10** to notify the sequestration of a registered person’s estate

**Section 11** to provide any other relevant information

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| **Non-statutory notifications**  **NHS bodies** should use **section 8** 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/yyyy  Please 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](mailto:HSCA_applications@cqc.org.uk) |

**1. Provider and relevant location details**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Provider: |  | | | |
| CQC Provider ID: |  | | | |
| Form filled in by: |  | | Date submitted |  |
| Contact for more information (where different): | |  | | |

Where you have updated your Provider business telephone number, business email address or Website please complete this section.

|  |  |
| --- | --- |
| Business Telephone number: |  |
| Business Email address: |  |
| Website: |  |

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

|  |  |
| --- | --- |
| Location name and address: |  |
| Location postcode: |  |
| CQC location ID: |  |

**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 11** | | |

**2. Changes involving a registered manager**

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| A new manager will manage, or is managing, regulated activity(ies) carried on by the provider shown in section 1.  The new manager must submit an application to Register with CQC for any regulated activities they plan on managing or is manging (if not already registered to do so)  <https://www.cqc.org.uk/guidance-providers/registration/registered-manager-application/application-form> |  |
| A registered manager plans to stop, or has stopped, managing regulated activity(ies) carried on by the provider shown in section 1  The Manager who plans to stop or has stopped managing a regulated activity(ies) must submit an application to cancel their registration.  <https://www.cqc.org.uk/guidance-providers/registration/apply-cancel-your-manager-registration> |  |

**3. 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.**

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

**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 business address: |  | |
| The new business postcode |  | |

**5. Change to Location Name or details for that location**

Additional location detail updates can be listed in section 11.

|  |  |  |
| --- | --- | --- |
| A registered location is changing or has changed its **name** | |  |
| The registered location ID: |  | |
| Previous Location Name: |  | |
| New Location Name |  | |
| Location Email: |  | |
| Location Telephone: |  | |

Please note, you cannot change a location address without an application. Please refer to: [Making changes to your registration](http://www.cqc.org.uk/guidance-providers/registration/making-changes-your-registration)

**6. Change to contact details**

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| --- | --- | --- |
| A Registered contact is changing their contact details | |  |
| Contact ID number: |  | |
| Contact Name |  | |
|  | | |
| New Name |  | |
| New Email |  | |
| New Telephone |  | |

Additional contact detail updates can be listed in section 11.

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

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

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| New NI’s name: |  |
| New NI’s Title (e.g. Dr/Ms): |  |
| The NI’s date of birth: |  |
| 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: |  |

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

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

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| \*A new director, secretary or other officer is joining or has joined the organisation | | | | | | | |  |
| \*Personal details | Title | | First | | | Middle | Last | |
| Date of birth |  | | 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 a director or similar officer leaves an organisation

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| 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: |  | |

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

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| --- | --- | --- |
| 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 | |  |

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

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| 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: |  | |

**11. Any further relevant information**

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

Email back to: [HSCA\_applications@cqc.org.uk](mailto:HSCA_applications@cqc.org.uk)