

Registration under the Health and Social Care Act 2008   
(as amended)

**Application to remove one or more   
locations from a registration**

Application by an existing registered manager

July 2023

**Applications under section 19 of the Health and Social Care Act 2008   
(as amended)**

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| This form must only be used by:  **Existing managers applying to remove one or more locations from an approved regulated activity.**  It must not be used by:   * Managers, to apply for registration * Managers, to add or remove a regulated activity * Managers, to cancel their registration * Service providers for any purpose. |

This application and declaration form is for registered managers to vary an existing condition of registration so that they can remove a location(s) from their registration to manage regulated activities.

Registered managers are responsible for their own registration, including applying to register and to change the details of their registration. They may also be responsible for applying to cancel their registration; please see the relevant guidance on our website.

**It is an offence under section 33 of the Health and Social Care Act 2008 (as amended) for registered managers to fail to comply with any condition of registration attached to that regulated activity without reasonable cause. If you commit such an offence you could be prosecuted, and it could lead to the cancellation of your registration.**

You can read more information about registration to carry on regulated activities and guidance on how to vary or remove conditions of registration on our website: [www.cqc.org.uk](http://www.cqc.org.uk).

**Confidential personal information**

Please make sure that your application does not include any confidential personal information about the people who will use your service or your staff. This includes any information that can identify a person. We will reject any application form that includes such information.

**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 application and return it to you.

You can complete this application by using a computer and you can submit it by attaching it to an email; this is the best way to make applications to the Care Quality Commission (CQC).

This application form has been prepared as a ‘protected’ Word document. This means that if you use a computer you can easily 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.

Protected Word documents don’t allow you to use the spell check function or to format text with bullet points. If you want to check spelling or use bullet points, type or paste text into a blank new document, correct any spelling errors, add any bullet points, and then copy and paste it into the relevant part of your application form.

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. The spaces for answers will expand while you type if needed.

**Submitting your application**

If you are applying to remove **more than one** location, you must also download, complete and submit additional location sections. There is information about this in the location section of the form. If a provider is also submitting an application which requires this application to be made, the provider must submit your form and any additional sections, together with their form(s).

Submitting this application by email, you must attach all of the additional section(s), as well as this main form, to your application email.

**If you do not answer all relevant questions and attach we will return your application to you.**

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**Section 1: The applicant and provider**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **1.1 Applicant’s name and contact details** | | | | |
| \*CQC Manager ID† |  | | | |
| \*Applicant’s full name | Title | First | Middle | Last |
| \*Address line 1 |  | | | |
| \*Postcode |  | | | |

|  |  |
| --- | --- |
| **1.2 Service provider’s details (not the location)** | |
| \*CQC Provider ID†† |  |
| \*Name of provider |  |
| \*Address line 1 |  |
| \*Postcode |  |

†† You can find the Provider ID at the top right-hand side of your certificate of registration.

**Section 2: Other information**

|  |  |  |
| --- | --- | --- |
| **\*2.1 Removal of location date** | | |
| Failure to complete this information will result in your application being returned to you | | |
| \*When would you like the location(s) to be removed from your conditions of registration (dd/mm/yyyy) |  |  |

|  |  |  |
| --- | --- | --- |
| **\*2.2 Discussion** | | |
| Is there anything you would like to discuss with CQC in relation to the location(s) in this application? | | |
| Yes |  |  |
|  | | |
| No |  |  |

**Section 3: The location(s) you want to remove**

Please provide details about the location(s) you want to remove from your condition(s) of registration to manage regulated activity.

If you are applying to remove **more than one location** you can download additional location sections from the website page where you found this form. Please give each location a number so that we know you have sent us information about all the relevant locations.

If you are completing in 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.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| The information below is for location no.: | | **1** | of a total of: |  | locations I/we want to remove |
| **\*3.1 Location details** | | | | | |
| CQC Location ID (if known) |  | | | | |
| \*Name of location |  | | | | |
| \*Address line 1 |  | | | | |
| \*Postcode |  | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **\*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 manage 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 and how will this be managed? |
|  |

|  |  |  |
| --- | --- | --- |
| **\*3.4 Conditional manager** | | |
| Where there is a condition on the provider’s registration to have a registered manager(s) for the regulated activities you manage at this location, has a replacement manager been appointed? | | |
| Yes |  |  |
| No |  |  |
| Don’t know |  |  |

**Section 4: Application declaration**

|  |
| --- |
| **PLEASE READ THE DECLARATION CAREFULLY BEFORE SIGNING**  This is an application under [section 19(1)(a)(b)(c) of the Health and Social Care Act 2008](https://www.legislation.gov.uk/ukpga/2008/14/section/19)  By submitting this application, you confirm:   * you have informed all the relevant parties of this application (for example, directors or partners) * you are authorised to submit this application * you will meet the requirements of the 2009 and 2014 Regulations for each regulated activity that you will carry on at this location   And you understand that:   * it is an offence to make false or misleading statements in this application. If you do so, this application could be refused and you may be liable for prosecution. This is covered under [section 37 of the Act](https://www.legislation.gov.uk/ukpga/2008/14/section/37#:~:text=37False%20statements%20in%20applications&text=%282%29If%2C%20in%20an,is%20guilty%20of%20an%20offence) * it is an offence to carry out any regulated activities without an active CQC registration * you are responsible for all regulated activities until your registration ends   **Privacy**  You understand that the data you have given and other personal data that CQC may obtain, will be used as set out in our [privacy policy.](https://www.cqc.org.uk/about-us/our-policies/privacy-statement)  The person who signs below must be one of the following, for a/an:  **Organisation:** Any individual authorised to do so by the Organisation  **Partnership:** A registered member of the partnership  **Individual:** The individual  **Registered Manager**: The manager themselves |

|  |  |  |
| --- | --- | --- |
| I/we confirm that I/we understand and accept this declaration |  |  |

We will accept a typed-in name as a signature.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| \*Authorised signatory |  | | | |
| \*Authorised signatory full name | Title | First | Middle | Last |
| \*Date of signing (dd/mm/yyyy)  (Do not enter your date of birth) |  | | | |
| \*Role / job title |  | | | |
| \*Business email address |  | | | |

**How to submit this application and accompanying documents**

If your application is linked to a provider application, your registered manager forms must be submitted with the provider forms and documents in the same email or envelope.

**Failure to submit all required additional forms will result in your application being returned.**

The checklist below lists the documents that you need to include with your application**.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Form or document** | | | | **Done** |
| Additional location sections as needed | Number of locations I am applying to remove from my registration: |  |  |  |
|  |
|  |
| Number of additional location sections submitted with this application: |  |  |
|  |
|  |

**Where to send your application:**

You should **email** completed form(s) and all required accompanying documents to:

[**HSCA\_Applications@cqc.org.uk**](mailto:HSCA_Applications@cqc.org.uk)

You must attach all forms and documents to the same email.

If you do not submit all required forms and information your application will be returned to you.

You can read more information on our website [www.cqc.org.uk](http://www.cqc.org.uk) or call our National Customer Service Centre on **03000 616161**.