

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

**Application to cancel one regulated   
activity**

Application by an existing registered manager

July 2023

**Applications under section 19(1)(b) of the Health and Social Care Act 2008 (as amended)**

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| This form must only be used by:  **Existing managers to cancel their registration in respect of ONE (of many) regulated activity.**  It must not be used by:   * Managers, to cancel their registration in respect of ALL regulated activities * Providers for any purpose. |

**Note:** If the Care Quality Commission (CQC) has begun certain legal action against you, you cannot make an application to cancel your registration under section 19 of the Health and Social Care Act 2008 (as amended). Please see section 19(3) of the Act.

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

If you are only registered in respect of **one** regulated activity and want to apply to cancel your registration, you must not use this form to do so. Please use the form for managers to cancel **ALL** regulated activities.

This form should only be used by managers who are registered in respect of **more than one** regulated activity.

**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 and submit this form using a computer and you can submit it by attaching it to an email; this is the best way to make applications to 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 a provider is also submitting an application that relates to this application, they must submit your form together with their form(s).

If this is not the case and you are submitting this application on its own:

* Submitting by email, you must attach any additional location sections, as well as this main form to your application email.

There is more information about submitting your application at the end of this form.

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**Section 1: Application details**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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** | | | | | |
| \*CQC Provider ID††  †† You can find the Provider ID at the top right-hand side of the manager’s certificate of registration. | |  | | | |
| \*Name of provider | |  | | | |
| \*Address line 1 | |  | | | |
| \*Postcode | |  | | | |

|  |  |  |
| --- | --- | --- |
| **\*1.3 Cancellation date** | | |
| The regulated activity will not be removed from your registration unless and until you receive a Notice of Decision that confirms this. | | |
| \* You can apply to cancel your registration to manage this regulated activity 30 days before the day you will stop providing your services or any time after you have stopped providing your services. (dd/mm/yyyy)? |  |  |

|  |  |  |
| --- | --- | --- |
| **\*1.4 The regulated activity you want to cancel** | | |
| Please check / tick the regulated activity you want to cancel **(only one per form)** | | |
| 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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| **\*1.5 Reason for the application** |
| Please explain why you are applying to cancel your registration to manage this regulated activity. |
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|  |  |  |
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| **\*1.6 Other details** | | |
| Where there is a condition on the provider’s registration to have a registered manager for the regulated activity: | | |
| Has a replacement manager been appointed? | | |
| Yes |  |  |
| No |  |  |
| Don’t know |  |  |
|  | | |
| Is there anything you would like to discuss with CQC before your registration is cancelled? | | |
| Yes |  |  |
| No |  |  |

**Section 2: Application declaration**

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| **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 |  | | | |

**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**.

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