

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

**Application to add a location to an   
approved regulated activity**

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 registered managers applying to add a location to an approved regulated activity.**  It must not be used by:   * New managers, to apply for registration * Managers, to add or remove a regulated activity * Service providers (‘providers’) for any purpose. |

This application and declaration form is for registered managers to vary an existing condition of registration so that they can manage a regulated activity at a new location.

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.**

There is more information about registration to carry on regulated activities and guidance on how to apply to remove or vary conditions of registration on our website: 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 return any incomplete.

If you use a computer to complete the form, you can submit it by attaching it to an email – this is the quickest and easiest way to make applications to CQC.

This 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. If you need to make a change to your answers, use your ‘page up’ key, up arrow key, or mouse to go backwards.

You cannot use the spell check function or format text with bullet points in protected Word documents. If you want to check spelling or use bullet points, type or paste your text into a blank new document, correct any spelling errors, add any bullet points, and then copy and paste it into the appropriate part of your application form.

You can fill in 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 expand while you type, if needed.

**Submitting your application**

If your application includes **more than one** additional 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, they must submit your form and any additional sections, together with their form(s).

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

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

**If you do not answer all relevant questions and attach additional location forms *where they are needed*, we will have to return your application.**

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**Section 1: The applicant**

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| --- | --- | --- | --- | --- |
| **Applicant’s name and contact details**  † You can find your Manager ID at the top right-hand side of your certificate of registration. | | | | |
| \*CQC Manager ID† |  | | | |
| \*Applicant’s full name | Title | First | Middle | Last |
| \*Address line 1 |  | | | |
| \*Postcode |  | | | |

**Section 2: The provider**

|  |  |
| --- | --- |
| **2.0 Service provider’s details (not the location)**  †† You can find the Provider ID at the top right-hand side of your certificate of registration. | |
| \*CQC Provider ID†† |  |
| \*Name of provider |  |
| \*Address line 1 |  |
| \*Postcode |  |

**Section 3: Location and regulated activities**

If you are applying to manage a regulated activity at more than one location, you can download additional sections for location details 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 your locations.

**If you don not give us information about all the locations you intend to manage, we will return your application to you.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **\*3.1 Details for Location number:** | | **1** | **of:** |  | **locations** |
| CQC Location ID (if already registered) |  | | | | |
| \*Name of location |  | | | | |
| \*Address line 1 |  | | | | |
| \*Town/city |  | | | | |
| \*Postcode |  | | | | |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **\*3.2 Job share** | | | | | | | | | |
| Is managing at this location a job share post? | | | Yes | |  | No | |  |  |
| If ‘Yes', please provide the following details below: | | | | | | | | | |
| Job share CQC Manager ID† (if currently registered) |  | | | | | | | | |
| \*Manager’s name | Title | First | | Middle | | | Last | | |

† You can find the Manager ID at the top right-hand side of the manager’s certificate of registration.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **\*3.3 Managing multiple locations** | | | | | |
| Will you be managing regulated activities at more than one location? | Yes |  | No |  |  |
| If you answered ‘Yes’, please describe how the day-to-day management will be properly carried out at each location. | | | | | |
|  | | | | | |

|  |  |  |
| --- | --- | --- |
| **\*3.4 Regulated activities you will manage at this location** | | |
| Please check / tick the regulated activities you are applying to manage at this location. These are defined in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Schedule 1.  **You cannot apply to manage regulated activities not being carried on or applied for by the service provider 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) |  |  |

**Section 4: 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 member of the partnership  **Individual:** The individual  **Register Manager**: The manager themselves |

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

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| \*Applicant’s signature |  | | | |
| \*Applicant’s 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.**

Please submit this application to the Care Quality Commission, making sure that all required additional sections are included.

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Form or document** | | | | **Done** |
| Additional location sections as needed | Number of locations where I am applying to carry on regulated activity/activities: |  |  |  |
|  |
|  |
| Number of additional location sections submitted with this application: |  |  |
|  |
|  |

**Where to send the forms and documents:**

Please **email** your completed forms to:

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

You must attach all related forms 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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