

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

**Application to change business and location address – Personal Care only**

Application by an existing service provider

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 service providers applying to change a Domiciliary Care Agency office address – Personal Care Only.**  You can use this process if you're relocating an existing location and business address to different premises.  It must not be used by:   * Providers to change Service User Bands or Service Types * Managers for any purpose * You have submitted other applications to make changes to your registration and these have yet to be decided * We have started enforcement action against you |

Our guidance on [What is a Location?](https://www.cqc.org.uk/node/3897) describes what we mean by a location and includes ‘rules’ to help you identify your locations. It is important that you read this guidance.

It is important to be clear about your location because in your registration application you will need to make a declaration about your compliance with regulations for the regulated activity personal care.

[What is a location? - Care Quality Commission (cqc.org.uk)](https://www.cqc.org.uk/guidance-providers/registration/what-location)

A location is **not**:

* the private address of a person who uses services
* a PO box address (those that don’t have a full address and post code) used as a location or provider address.
* an address not registered with Royal mail (we cannot accept google addresses or unregistered addresses, new builds etc)

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

**Fees**

**Before you complete Section 3 of this form, you are strongly advised to read the guidance about service types that can be found in the** *Guidance about the Regulations for Providers*

**The service type(s) you select are used to calculate your annual fee, so it is important to select only those that apply to each of the locations you are registering**.

These guidance documents are available on our website.

**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 applications.

Submitting this application by email 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.

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**Section 1: Provider Details**

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| **\*1.1 Details of the existing service provider** This section should contain the current service provider details which can be found on your provider certificate of registration. | | | |
| \*CQC Provider ID |  | | |
| \*Name of provider |  | | |
| \*Address line 1 |  | \*Postcode |  |

**Section 2: Location Details**

|  |  |  |  |
| --- | --- | --- | --- |
| **\*2.1 Details of the existing location**  This section should contain your current location details which can be found on your provider certificate of registration. | | | |
| \*CQC Location Id |  | | |
| \*CQC Location name |  | | |
| \*Address line 1 |  | \*Postcode |  |

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| --- | --- | --- | --- |
| **\*2.2 Details of the new location**  This section should contain details of the new location, including any new location contact details. | | | |
| \*Name of location |  | | |
| \*Address line 1 |  | | |
| Address line 2 |  | | |
| \*Town/city |  | \*Postcode |  |
| \*Business/mobile telephone number |  | | |
| \*Business Email address |  | | |

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| **\*2.3 Effective Date of change** | | |
| \*Please indicate the date of which the change to the address is effective from (dd/mm/yyyy)? |  |  |

**Section 3: Registered Managers**

|  |  |  |  |
| --- | --- | --- | --- |
| **\*3.1** **Registered Manager(S)** | | | |
| Please confirm you have notified all affected registered managers of this change? | | | |
| Yes |  | No |  |
| We cannot accept your application if you have not notified your registered manager(s)  If your application is approved, we will make the required changes to the current CQC register manager(s) registration in addition to your provider registration. | | | |

**Section 4: Declaration of Changes**

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| \***4.1** **Administrative change** | | | |
| The Purpose of this form is to enable CQC to change the Registered Location details and Registered Providers address (if applicable) only and no other changes to:  **Registered Managers  Service Types or Service User Bands**  **Provider Name**  **Provider Contact Details (email / telephone)** | | | |
| T | | | |
| Is this proposed change to the location address solely an administrative change? | | | |
| Yes |  | No |  |
|  | | | |
| Is the register service provider address also changing to the same address as the new location? | | | |
| Yes |  | No |  |
|  | | | |

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| **\*4.2 People who use the service** | | | | | | |
| Have the people who use the service been notified of the proposed change? | | | | | | |
| Yes |  | No |  | Not applicable |  |  |
|  | | | | | | |
| If you have indicated no or not applicable, please indicate the reasons why you haven’t. | | | | | | |
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| **\*4.3 Local Commissioners** | | | | | | |
| Have Local Commissioners with whom you have a contract with been notified of the proposed change (if applicable) | | | | | | |
| Yes |  | No |  | Not applicable |  |  |
|  | | | | | | |
| If you have indicated no or not applicable, please indicate the reasons why you haven’t. | | | | | | |
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| **\*4.4 Insurance Polices** | | | | | | |
| Do you have the relevant insurance policies in place for the new proposed location address | | | | | | |
| Yes |  | No |  | Not applicable |  |  |
| If you have indicated no or not applicable, please indicate the reasons why you haven’t. | | | | | | |
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| **\*4.5 Suitability of Premises** | | | | | | |
| Are the proposed Premises fit to carry on the Regulated Activity of Personal Care?  Does the premises provider suitable space, facilities and security for managing your service? | | | | | | |
| Yes |  | No |  | Not applicable |  |  |
|  | | | | | | |
| If you have indicated no or not applicable, please explain the reasons why this is not fit to carry on a Regulated Activity of Personal Care. | | | | | | |
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| **Supporting notes** |
| Please use this space to provide any additional information needed to support this application |
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**\*Section 5: Statement of Purpose**

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| The law says that your Statement of Purpose must be up to date. You are changing the details of your registration. You must send us an amended copy of the Statement of Purpose that covers the locations in this application.  **If you do not, we will return your application.** |

**Section 6: 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, partners and managers) * 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 * You will be managing the regulated activity of Personal care from the new address and will no longer be managing it from the existing address.   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 |

|  |  |  |
| --- | --- | --- |
| 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**

**Failure to submit an updated Statement of Purpose will result in your application be returned.**

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

|  |  |  |
| --- | --- | --- |
| **Form or document** | | **Done** |
| Statement of purpose | **Failure to submit an updated Statement of Purpose will result in your application be returned.** |  |

**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 attach an updated Statement of Purpose 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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