Care Quality Commission



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

##### Application to vary or remove a condition of registration to carry on a regulated activity

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 vary or remove a condition of registration to carry on a regulated activity.**It must not be used by:* Service providers (‘providers’) to apply for registration
* Providers, to add or remove a location or a regulated activity
* Providers to cancel their registration
* Managers for any purpose.
 |

Providers are registered to carry on regulated activities. Conditions of registration apply to each regulated activity separately.

Registration entitles you to provide ‘regulated activity’ as defined by the Health and Social Care Act 2008 (as amended) (the ‘Act’) and Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (as amended) (the ‘2014 Regulations’). You can read continuously updated versions of the Act and regulations on our website: www.cqc.org.uk.

**It is an offence under section 10 of the Act to carry on a regulated activity without being registered by the Care Quality Commission (CQC). You could be prosecuted, and it could lead to your application being refused.**

**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.

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 do not 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.

**Your registered managers**

If any managers are submitting applications to vary or remove the same or similar conditions of registration, their forms must be submitted with this application.

**Additional sections**

If you are submitting this application by email, you must attach all of the required additional sections and manager application forms, as well as this main form, to your application email. If you are submitting your application by post, you must enclose all of the forms in your application envelope.

**If you do not attach or enclose additional condition and manager forms *where they are needed,* we will return your application to you.**

We may ask for more information and may conduct a site visit where that is necessary after you have submitted this form.

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**Section 1: Application details**

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| * 1. **Details of the service provider**

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

**\*Section 2: 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, so 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 to you.** |

**Section 3: The condition you want to vary or remove**

Please provide details about the conditions you want to vary or remove.

If you are applying to vary or remove **more than one condition** for the **same regulated activity** you can download additional sections to vary or remove conditions from the website page where you found this form. Please give each condition a number so that we know you have sent us information about all the conditions you want to vary or remove.

If you are applying to vary or remove **exactly the same condition(s)** from **more than one regulated activity** complete Sections 3.1 and 3.2 once only; you do not need to complete and submit additional sections.

If you are applying to remove the condition **“The Registered Provider must not provide nursing care** under the 'accommodation for persons who require nursing or personal care' regulated activity”, you and any registered managers at relevant locations may need to apply to add additional regulated activities. Please see section 3 of the ‘Scope of Registration’ guidance on our website for more information.

If you are completing 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 condition no.: | **1** | of a total of: |     | conditions I/we want to vary or remove |

|  |
| --- |
| **\*3.1 The condition you want to vary or remove** |
| Please write or type the condition(s) of registration you want to vary or remove, **exactly** as it is written on your Certificate of Registration. |
|       |
| I/we want to: | **VARY** | [ ]  | **REMOVE** | [ ]  | the condition shown at 3.1 above |

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| **\*3.2 The varied condition** |
| **DO NOT COMPLETE THIS SECTION** if you want to REMOVE the condition at Section 3.1. Please write out the *varied* condition of registration, as you want it to be written on your certificate of registration. |
|       |

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| **\*3.3 Effective date for removal or variation of a condition of registration** |
| Conditions in this application are not varied or removed unless and until you receive a Notice of Decision that confirms this. |
| \*When do you want the above removal or variation of a condition of registration to come into effect? (dd/mm/yyyy)? |       |  |

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| **\*3.4 Reasons and evidence** |
| Why are you applying to vary or remove this condition of registration? Please also tell us what evidence you have to support the application. We may ask you to send us this evidence. |
|       |
| **\*3.5 The relevant regulated activities** |
| If you are applying to **vary or remove one or more conditions** of registration in relation to **just one** regulated activity, please check / tick the **sole** relevant regulated activity below.If you are applying to vary or remove the **same** condition of registration across **more than one** regulated activity please check / tick the relevant regulated activities below.Regulated activities are defined in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 (as amended), Schedule 1. |

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| Check / tick **ONE** only: |
| I / we want to | Vary or remove one or more condition(s) from **ONE** regulated activity | [ ]  | Vary or remove the **SAME** condition across **more than one** regulated activity | [ ]  |  |

|  |  |  |
| --- | --- | --- |
| Personal care – (RA1) | [ ]  |  |
| Accommodation for persons who require nursing or personal care – (RA2)(Please also see Section 3.12 in each location section if you have checked/ticked this activity) | [ ]  |  |
| 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 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**

Please submit this application to CQC, making sure that all required additional forms and documents are included.

**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 |
| Statement of Purpose | There is a template on our website if you would prefer to use this | [ ]  |
| Additional condition sections as needed | Number of conditions I/we are applying to vary or remove from the SAME regulated activity  |  |  | [ ]  |
|       |
|  |
| Number of additional condition 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**

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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