

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 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 remove one or more locations from an approved regulated activity.**  It must not be used by:   * Service providers (‘providers’) to apply for registration * Providers, to vary or remove any other kind of condition of registration * Providers, to cancel their registration * Managers for any purpose. |

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 33 of the Health and Social Care Act 2008 for registered providers 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.

**Your registered managers**

If this application is successful, we will cancel the registration of any managers who are:

* Currently registered **ONLY** in respect of the regulated activities you carry on at the location(s) in this application, and
* Who are not applying to continue to manage the same regulated activities at the same locations under a new provider;

**OR**

* Who **ONLY** manage the locations in this application, and
* Are not applying to add other locations where you carry the regulated activity (or activities) they are registered to manage.

This is because the law requires the Care Quality Commission (CQC) to cancel a manager’s application where no-one is registered as provider.

Please tell any managers affected by this, and warn them that if this application is successful, we will send them a Notice of Decision to cancel their registration.

Any other managers who are currently registered in respect of the regulated activity carried on or from the location(s) in this application must submit their own application as needed to:

* Continue their registration under a new provider, or
* Remove a regulated activity, or
* Remove a location, or
* Cancel their registration.

Applications from managers to continue their registration under a new provider must be submitted together with the appropriate application form for the new provider.

Applications from managers to remove a regulated activity, remove a location, or cancel their registration must be submitted together with **this** application.

**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 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.

**Additional sections**

Where you are applying to remove **more than one** location you will need to download, fill in and submit additional location section(s). There is information about this at the relevant point in this form.

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

**If you do not attach additional sections *where they are needed,* we will return your application to you.**

**Contents Page**

Section 1: Application details 6

Section 2: Other information 6

Section 3: The location(s) you want to remove 8

Section 4: Application declaration 11

How to submit this application 13

**Section 1: Application details**

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

**Section 2: Other information**

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| \*2.1 Date of change |
| Please provide a date which the selected regulated activities will cease at this location (dd/mm/yyyy)  Failure to complete this information will result in your application being returned to you. |

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| **\*2.2 Sale or transfer of existing location(s)** | | | | | |
| Is this application the result of the sale or transfer of a service to another provider who is applying for registration to carry out regulated activities at this location under the Health and Social Care Act 2008 (as amended)? | | | | | |
| Yes | |  | No |  |  |
|  | | | | | |
| If ‘Yes', please fill in the details of the purchasing provider below: | | | | | |
| \*CQC provider name |  | | | | |
| \*CQC Provider ID (if known) |  | | | | |
| \*Business telephone number |  | | | | |
| Business Email address |  | | | | |
| The CQC may need to contact the purchasing provider regarding this application. Please tick if you do **not** wish CQC to contact the purchaser regarding this application. | | | |  |  |

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| **\*2.3 Statement of Purpose** |
| 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 regulated activity in this application.  **If you do not, we will return your application.** |

**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 carry on the regulated activity.

If you are applying to remove **more than one location** you can download additional location sections from our website [additional application section remove location provider](https://www.cqc.org.uk/sites/default/files/20180710_9001488_additional_application_section-remove_location-provider_v2.doc). Please give each location a number so that we know you have sent us information about all the relevant locations.

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.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **\*3.1 Details for Location number:** | | **1** | **of:** |  | **locations** |
| \*CQC Location ID |  | | | | |
| \*Name of location |  | | | | |
| \*Address line 1 |  | | | | |
| \*Postcode |  | | | | |

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| **\*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? (I.e this location will no longer provide ANY regulated activities) | | | |
| Yes (If **Yes** go straight to Section 3.3) | |  |  |
|  | | | |
| No | |  |  |
| If **No**, please check / tick the regulated activities you will *continue* to provide at this location. | | | |
| 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) |  | |  |

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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 there, and how will this be managed? |
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| **\*3.4 Supplementary questions for dental providers** | |
| If by removing a location(s) providing dental services, you are now providing dental services at **one location only**, please answer the following questions about the remaining dental service. | |
| \* Location name |  |
| \* CQC Location ID (if known) |  |
| \* Please state the number of dental chairs at this location |  |

**Section 4: Application declaration**

**PLEASE READ THE DECLARATION CAREFULLY BEFORE SIGNING**

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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   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 |  |  |

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| If this is an organisation application, please check or tick this box to confirm that the organisation’s directors or equivalent have seen and agreed the contents of this application |  |

|  |  |
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| If this is a partnership, please check or tick this box to confirm that all of the partnership’s partners have seen and agreed the contents of this application |  |

By submitting this form electronically, 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 via email 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 | A template is available on our website for you to use if you prefer | | |  |
| Additional remove location sections as needed (Section 3) | Number of locations I/we are applying to remove from my/our registration |  |  |  |
|  |
|  |
| Number of additional remove a location sections submitted with this application |  |  |
|  |
|  |
| Registered manager application forms  (where applicable) | Number of applications from registered managers 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**.

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