

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

##### Application to vary a partnership’s membership condition of registration: Remove partner(s)

##### Application by a partnership

##### This form can only be used by partnerships that have a condition of registration in relation to the membership of the partnership

##### July 2023Applications under section 19 of the Health and Social Care Act 2008 (as amended)

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| --- |
| This form must only be used by:  **Partnerships applying to vary their membership condition of registration to remove a partner(s).**  It must not be used by:   * Partnerships that are applying for registration for the first time, or where removing partners will leave only one partner * Partnerships that do not have a condition of registration in relation to the membership of the partnership * Organisations, for any purpose * Individuals (whether providers or 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.**

The names of the members of partnership registered to carry on regulated activities are included in a condition of registration. This condition is shown on your certificate of registration. It is against the law not to meet conditions of registration.

This form is for use by partnerships when applying to vary their conditions of registration to **remove** one or more partners’ names from the list of partners in the relevant condition of registration.

**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 and return it to you.

**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 application to you.

You can complete and submit this form on a computer 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.

**Additional sections**

If you are applying to remove **more than one** partner from your partnership condition you will need to download, complete, attach and submit additional forms. There is information about how to do this at the relevant section in this form.

Submitting this application by email you must attach all of the required additional sections as well as this main form, to your application email.

**If you do not attach all of the required additional section (if required), we will return your application to you.**

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**Section 1: Application details**

|  |  |
| --- | --- |
| * 1. **Partnership name and contact detail.**   † You can find your Provider ID at the top right-hand of your certificate of registration. | |
| \* The partnership name |  |
| \* CQC Provider ID† |  |
| The partnership’s principal office: | |
| \* Address line 1 |  |
| \*Postcode |  |

|  |  |  |
| --- | --- | --- |
| This application form has space for the details of one leaving member of the partnership. If there is more than one leaving member you must download and fully complete separate ‘Additional Leaving Partner’ sections. These additional sections must be submitted with this form. Additional Leaving Partner sections can be downloaded from the website using the link below.  [Additional section remove Partner form](https://www.cqc.org.uk/sites/default/files/20150313%20800607%20v3%2001%20Addn%20partner%20App%20remove%20partner%20-%20final.doc)  Please give each leaving partner a number so that we know you have sent us information about all of the leaving partners. **If you don’t give us all required information about all of the leaving partners we will return your application**. | | |
| How many partners are leaving the partnership in this application? |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **1.2 Main contact partner** | | | |
| Is the partnership’s main contact partner leaving the partnership in this application? | | | |
| Yes | |  |  |
| No | |  |  |
| If **YES**, who will take over as the main partner to contact for CQC purposes? | | | |
| \* First name |  | | |
| Middle name (if applicable) |  | | |
| \* Last name |  | | |
| Date of birth (dd/mm/yyyy) |  | | |
| The ‘main contact partner’ is the partner to whom we address all formal notices and other documents sent to the partnership. We will send these documents to the main contact partner at the email address for service shown in the partnership’s Statement of Purpose.  The partnership must have robust arrangements to ensure that it can open and respond to all correspondence sent to the main partner at the partnership’s email address without delay, including when the main contact partner is not available. | | | |

**Section 2: The leaving member(s) of the partnership**

|  |  |  |
| --- | --- | --- |
| **The information below is for leaving partner number:** |  | **of:** |

|  |  |
| --- | --- |
| **2.1 Partner’s name and contact details** | |
| \*Title |  |
| \*First name |  |
| Middle name (if applicable) |  |
| \*Last name |  |
| \*Address line 1 |  |
| \*Postcode |  |

# Section 3: Application declaration

**PLEASE READ THE DECLARATION CAREFULLY BEFORE SIGNING**

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

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 |
| Additional leaving partner sections as needed | Number of leaving partner in the partnership |  |  |  |
|  |
|  |
| Number of additional leaving partners 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**](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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