

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

**Application to vary or remove a condition of registration to manage a 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 managers applying to vary or remove a condition on their registration to manage a regulated activity.**It must not be used by:* New managers, to apply for registration
* Managers, to add or remove a location or a regulated activity,
* Managers, to cancel their registration, or
* Service providers for any purpose.
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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.

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.**

**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.

Completing using a computer you can submit it by attaching it to an email; this is the best and quickest 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.

**Submitting your application**

If you are applying to vary or remove more than one condition you need to download additional condition section(s), fill them in and submit them with this main form (see the information about this at the relevant point in this form). If a provider is also submitting an application to vary or remove the same or similar conditions of registration, they must submit your form and any additional sections together with their form(s).

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

**Contents Page**

Section 1: Application details 4

Section 2: The Provider 4

Section 3: The condition you want to vary or remove 5

Section 4: Application declaration 8

How to submit this application 9

**Section 1: The applicant**

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| * 1. **Applicant’s name and contact details**

†† The manager ID is found on the top right-hand side of the Manager’s certificate of registration. |
| \*CQC Manager ID† |       |
| \*Applicant’s full name | Title       | First       | Middle       | Last       |
| \*Address line 1 |       |
| \*Postcode |       |

**Section 2: The provider**

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| **2.0 Service provider’s details (not the location)**†† The provider ID is found on the top right-hand side of the provider’s certificate of registration. |
| \*CQC Provider ID†† |       |
| \*Name of provider |       |
| \*Address line 1 |       |
| \*Postcode |       |

**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** fill in Sections 3.1 and 3.2 once only; you do not need to fill in and submit additional sections.

If you are filling in 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.

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| --- | --- | --- | --- | --- |
| The information below is for condition no.: | **1** | of a total of: |     | conditions I want to vary or remove |

|  |
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| **\*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 want to: | **VARY** | [ ]  | **REMOVE** | [ ]  | the condition shown at Section 3.1  |

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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, **exactly** 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. |
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| **\*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 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 | [ ]  |  |

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| --- | --- | --- |
| 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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| **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**Registered Manager**: The manager themselves |

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| I/we confirm that I/we understand and accept this declaration | [ ]  |  |

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

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| \*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**.**

|  |  |
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| **Form or document** | **Done** |
| Additional condition sections as needed | Number of conditions I am applying to vary (in relation to ONE regulated activity): |  |  | **[ ]**  |
|     |
|  |
| Number of additional condition sections submitted with this application: |  |  |
|     |
|  |

If you do not submit all the required information your application will be returned to you.

**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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