

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

**Application to add a regulated activity to an existing manager registration**

Application by an existing registered manager

July 2023

**Applications under section 14 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 add a regulated activity to their registration.**It must not be used by:* Existing managers who want only to add or remove a location to/from their registration
* Existing managers who want to vary or remove a condition from their registration
* Existing managers who want to vary or cancel the suspension of their registration
* Service providers (‘providers’, whether individuals, organisations or partnerships) for any purpose
 |

Registration entitles you to manage ‘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.**

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.

**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.

If you use a computer to complete the form, you can submit it by attaching it to an email – this 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.

**Submitting your application**

If your application includes **more than one** location, you must also download, complete and submit additional location sections. There is information about this in the location section of the form. If a provider is also submitting an application which requires this application to be made, they must submit your form and any additional sections together with their form(s).

If this is not the case and you are submitting this application on its own:

* Submitting by email, you must attach any additional location sections, as well as this main form, to your application email.

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

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**Section 1: The applicant, provider and regulated activity**

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| **\*1.1 The applicant’s name and contact details** † You can find your Manager ID on the top right-hand side of the manager’s certificate of registration. |
| \*CQC Manager ID† |       |
| \*Full name | Title       | First       | Middle       | Last       |
| Previous name (if applicable) |       |

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| **1.2 Service provider’s details (not location details)**† You can find the Provider ID at the top right-hand side of the manager’s certificate of registration. |
| \*CQC Provider ID† |       |
| \*Name of provider |       |
| \*Address line 1 |       |
| \*Postcode |       |

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| **\*1.3 The additional regulated activity** |
| Please check / tick the regulated activity you are applying to add (**one only per form**) |
| Personal care – (RA1) | [ ]  |  |
| Accommodation for persons who require nursing or personal care – (RA2) | [ ]  |  |
| 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 2: Existing locations**

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| Please fill in the CQC Location ID number and address details for **the existing location(s) on your certificate of registration** where you want to manage the additional regulated activity. |
| **\*CQC Location ID 1†** |       |
| \*Location name |       |
| \*Address line 1 |       |
| \*Postcode |       |
| **\*CQC Location ID 2†**  |       |
| \*Location name |       |
| \*Address line 1 |       |
| \*Postcode |       |
| **\*CQC Location ID 3†**  |       |
| \*Location name |       |
| \*Address line 1 |       |
| \*Postcode |       |
| **\*CQC Location ID 4†**  |       |
| \*Location name |       |
| \*Address line 1 |       |
| \*Postcode |       |

† You can find the Location IDs on the manager’s certificate of registration.

**Section 3: Information about any new locations**

Please provide details about any **new** locations where you will manage the activity shown in Section 1.3.

If you are applying to provide the new regulated activity at more than one new location, you can download additional new location sections from the website page where you found this form.

Please give each new location a number so that we know you have sent us information about all of the new locations. If you don’t give us information about all of your locations we will return your application.

|  |  |  |  |  |
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| **\*3.1 Details for Location number:** | **1** | **of:** |  | **locations** |
| CQC Location ID (if known) |       |
| \*Name of location |       |
| \*Address line 1 |       |
| \*Town/city |       |
| \*Postcode |       |

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| **\*3.2 The regulated activities you will manage at this location** |
| Please check / tick the regulated activities you want to manage at this location. These are defined in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 (as amended), Schedule 1. |
| Personal care – (RA1) | [ ]  |  |
| Accommodation for persons who require nursing or personal care – (RA2) | [ ]  |  |
| 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 Job share** |
| Is managing at this location a job share post?  | Yes | [ ]  |  No | [ ]  |  |
| If ‘Yes', please provide the following details below: |
| Job share CQC Manager ID† (if currently registered) |       |
| \*Manager’s name | Title       | First       | Middle       | Last       |

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| **\*3.4 Job sharing** |
| If you answered ‘Yes’ to question 3.3 for any location, please describe the job share arrangement and how day-to-day management will be undertaken at the location(s). |
|       |

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| **\*3.5 Managing multiple locations** |
| Will you be managing regulated activities at more than one location?  | Yes | [ ]  |  No | [ ]  |  |
| If you answered ‘Yes’, please describe how the day-to-day management will be properly carried out at each location. |
|       |

**Section 4: Professional competencies and declarations**

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| **\*4.1 Qualifications, skills and experience** |
| Please give details of any qualifications, skills and experience you have in relation to the regulated activities. |
|       |

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| **\*4.2 Declarations by a health or social care professional**  |
| Professional body name  |       |
| Professional registration number |       |
| Are you currently the subject of, or have you ever been the subject of any investigation, or proceedings by any professional body with regulatory functions in relation to health or social care professionals (including by a regulatory body in another country)? |
|  Yes | [ ]  |  No | [ ]  |  |
| If ‘Yes’, please provide details below. |
|       |
| Have you ever been disqualified from the practice of a profession or required to practice subject to specified limitations following a fitness to practice investigation by a regulatory body in the UK or another country? |
|  Yes | [ ]  |  No | [ ]  |  |
| If ‘Yes’, please provide details below. |
|       |
| **\*4.3 Declaration all Applicants to complete** |
| Are you currently the subject of, or have you ever been subject of any safeguarding investigation?  | Yes | [ ]  |  No | [ ]  |  |
| If ‘Yes’, please provide details below. |
|       |

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| **4.4 Supporting notes** |
| Please use this space to provide any additional information needed to support your answers to any of the questions in this application form. |
|       |

**Section 5: 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
* 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)By submitting this application I agree that the information contained in this form may be used to form conditions of registration. |

|  |  |  |
| --- | --- | --- |
| I confirm that I understand and accept this declaration | [ ]  |  |

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

|  |  |
| --- | --- |
| \*Applicant’s signature |       |
| \*Applicant’s full name | Title       | First       | Middle       | Last       |
| \*Date of signing (dd/mm/yyyy)(Do not enter your date of birth) |       |
| \*Role / job title |       |
| \*Email address |       |

**How to submit this application and accompanying documents**

**If your application is linked to a provider application, your registered manager forms must be submitted with the provider forms and documents in the same email.**

Please submit this application to the Care Quality Commission, making sure that all required additional sections are included.

**The checklist below shows the documents that you may need to include with the application. Failure to submit all required additional forms will result in your application being returned.**

|  |  |
| --- | --- |
| **Form or document** | **Done** |
| Additional location sections as needed | Number of locations where I am applying to manage regulated activity/activities: |  |  | [ ]  |
|     |
|  |
| Number of additional location sections submitted with this application: |  |  |
|     |
|  |

**Where to send the forms and documents:**

You should, **email** your completed forms to:

**HSCA\_Applications@cqc.org.uk**

You must attach all related forms 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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