

**Additional Section 3: Location(s) you want to remove**

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| Please provide details about the location(s) you want to remove from your condition(s) of registration to carry on or manage a regulated activity.  This form cannot be submitted on its own. It must be submitted together with an application to removing one or more locations.  Please give each location a number so that we know you have sent us information about all the relevant locations. |

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| The information below is for location no.: |  | of a total of: |  | locations I/we want to remove |

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| **\*3.1 Details for Location number:** | |  | **of:** |  | **locations** |
| \*CQC Location ID |  | | | | |
| \*Name of location |  | | | | |
| \*Address line 1 |  | | | | |
| Postcode |  | | | | |
| No of places or beds (\*if applicable) | | | | |  |

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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? | | | |
| Yes (If **Yes** now 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) |  | |  |
| 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 Conditional manager** | | |
| Where there is a condition on the provider’s registration to have a registered manager(s) for the regulated activities you manage at this location, has a replacement manager been appointed? | | |
| Yes |  |  |
| No |  |  |
| Don’t know |  |  |