# Additional form for domiciliary care services

## 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.

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 do not 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](http://www.openoffice.org). The spaces for answers will expand while you type if needed.

## Section 1. Service provider details

|  |  |
| --- | --- |
| \*Name of provider | Click or tap here to enter text. |

Answer all the questions in the following sections. If a question does not apply to you, explain why.

## Section 2. Existing provider (if you’re restructuring business and are changing your legal entity)

If you’re an existing registered provider restructuring your business and creating a new legal entity to carry on any regulated activity, you must register the new legal entity as a new provider with CQC. For example, you might be changing from an individual to a limited company.

|  |  |
| --- | --- |
| \*Name of previous legal entity or provider | Click or tap here to enter text. |
| \*CQC provider ID | Click or tap here to enter text. |

|  |  |
| --- | --- |
| \*When was the new legal entity or provider created (or expected to be created)? | Click or tap to enter a date. |
| \*When will the new legal entity or provider take over providing services (or expected to)? | Click or tap to enter a date. |

## Section 3. Sale or transfer

You're buying or transferring one or more locations currently owned by a provider registered with CQC.

### Relevant dates

|  |  |
| --- | --- |
| \*When do you expect contracts to be exchanged? | Click or tap to enter a date. |
| \*When do you expect the sale to be completed? | Click or tap to enter a date. |

### Existing provider

|  |  |
| --- | --- |
| Tell us the name and contact details for the existing provider. | Click or tap here to enter text. |
| We may need to contact the existing provider about this application so we can coordinate the change in registration.  Do you give us permission to contact the existing provider? | Yes  No |

## Section 4. Legal representative: (all providers)

Tell us the name and contact details of the legal person acting on your behalf in the process. The persons must be able to confirm that the sale has completed and the registration for the existing provider can be cancelled.

|  |  |
| --- | --- |
| \*Name of legal representative | Click or tap here to enter text. |
| \*Do you give us permission to contact your legal representative? | Yes  No |

\*If yes, you must give us at least one way to contact your legal representative.

|  |  |
| --- | --- |
| Address of legal representative (include postcode) | Click or tap here to enter text. |
| Telephone | Click or tap here to enter text. |
| email address | Click or tap here to enter text. |

## Section 5. Services you will provide

### Services you will provide

|  |  |
| --- | --- |
| \*Will there be any changes to the service provision because of the change of provider? | Yes  No |
| \*If yes, provide details | Click or tap here to enter text. |

|  |  |
| --- | --- |
| You have declared in the application that the location is compliant with regulations. How have you assured yourself of this? | Click or tap here to enter text. |

### People using the service

|  |  |
| --- | --- |
| \*What arrangements are in place to inform and consult with people using the service? | Click or tap here to enter text. |

### Staff

|  |  |
| --- | --- |
| \*What arrangements are in place to inform and transfer any existing members of staff to the new provider? | Click or tap here to enter text. |

### Commissioners

|  |  |
| --- | --- |
| \*Have the relevant commissioners of contracts been notified of the change? | Yes  No |

### Contracts

|  |  |
| --- | --- |
| \*What arrangements are in place to transfer and update the contracts for people who use your services? | Click or tap here to enter text. |

### Ownership

If the ownership of the premises will change after the sale, provide details or say why this does not apply to you.

|  |  |
| --- | --- |
| \*Ownership | Click or tap here to enter text. |
| \*Lease | Click or tap here to enter text. |

### Insurance

|  |  |
| --- | --- |
| \*What insurance will be in place for the new provider?  You must provide evidence of this. For example, if you have a quotation you should send it to us with your application form. | Click or tap here to enter text. |

### Financing the purchase (sale or transfer)

|  |  |
| --- | --- |
| \*Provide details of how the purchase is being financed | Click or tap here to enter text. |

### Policies and procedures

|  |  |
| --- | --- |
| \*What arrangements are in place to review and update all policies and procedures to reflect the change in ownership? | Click or tap here to enter text. |

### Registered manager

|  |  |
| --- | --- |
| \*If there is an existing registered manager, what action have you taken to make sure they have the necessary skills, experience, qualifications and competence to manage the service? | Click or tap here to enter text. |

## Section 4. Position statement letter

Some banks or financial providers ask for proof that we’re assessing your application to register with CQC. A 'position statement' letter can help confirm this. We base this letter on the information and evidence gathered.

Where we do issue such a letter, we do not commit to register you. We are obliged to consider any information that might change our assessment.

|  |  |
| --- | --- |
| \*Do you need the position statement letter? | Yes  No |

## Section 5. Supporting documents

\*Send the following documents with your application:

|  |
| --- |
| List of policies and procedures  Safeguarding policy and procedures document  Governance document  Organisation structure and staffing structure (organigram)  Statement of purpose  Financial viability (unless you're a corporate provider)  Business plan  Quality assurance policy  Sample care plan  Lone working policy  Access to people’s homes policy  Medications policy  Recruitment policy  Complaints procedure  Business plan  Mental capacity and Deprivation of Liberty Safeguards policy |

## Section 6. Signature

|  |  |
| --- | --- |
| \*Signature of applicant (you can type your name) | Click or tap here to enter text. |
| \*Print name | Click or tap here to enter text. |
| \*Position | Click or tap here to enter text. |
| \*Date | Click or tap to enter a date. |

## Send us this form

email your completed form and supporting documents to: [HSCA\_Applications@cqc.org.uk](mailto:HSCA_Applications@cqc.org.uk)