

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

**Application to cancel or vary a   
suspension of registration**

Application by an existing service provider or manager

July 2023

**Applications under section 11 of the Health and Social Care Act 2008   
(as amended)**

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| This form can be used by:  **Service providers (‘providers’) and managers to apply for the suspension of their registration to be varied or cancelled**.  It must not be used for any other purpose. |

**Please read our guidance about suspensions of registration (on our website) before completing this form.**

When completing the form, you should also refer to 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 should also refer to the Guidance about the Regulations for Providers. You can read continuously updated versions of the Act and regulations on our website: www.cqc.org.uk.

**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 this application on a computer you can submit it by attaching it to an email; this is the best and quickest way to make applications to the Care Quality Commission (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 a provider and manager are submitting an application to vary or cancel the suspension of their registration at the same time they must fill in separate forms and submit them together.

* If submitting by email, you must attach them both to the same application email.

If you do not answer all relevant questions and attach both forms *where this is needed*, we will return your application(s) to you

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**Section 1: Applicant’s details**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **\*1.1 Details of the registered person (Ingest)** | | | | | |
| \*First name |  | | | | |
| \*Middle name (if applicable) |  | | | | |
| \*Last name |  | | | | |
| \*I / we are a: | Provider |  | Manager |  |  |
| \*Name of provider |  | | | | |
| \*CQC Provider/Manager ID number |  | | | | |
| \*Address line 1 |  | | | | |
| \*Postcode |  | | | | |

**Where the person at Section 1.1 is a MANAGER please complete 1.2 below.**

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

**Section 2: Information about the application to vary or cancel a suspension of registration to carry on regulated activity**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **\*2.1 Type of application - (Ingest)** | | | | | |
| I / we want to | Vary |  | Cancel |  | the suspension of my / our registration |
| **Check / tick one only** | | | | | |

|  |  |  |
| --- | --- | --- |
| **\*2.2 Regulated activities (PDF/Ingest)** | | |
| Please check / tick the regulated activities that you are applying to vary or cancel the suspension of your registration to carry on or manage. | | |
| 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) |  |  |

If you want to cancel the suspension of your registration please now **go straight to Section 2.4**.

|  |  |  |
| --- | --- | --- |
| **\*2.3 Variation of suspension (PDF)** | | |
| Suspensions of Registration are not varied or removed until you receive a Notice of Decision that confirms this. | | |
| \*When would you like the suspension of your registration to end (dd/mm/yyyy)? |  |  |

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| **\*2.4 Reasons and evidence (PDF)** |
| Why are you making this application? Please list the evidence you have to support it.  We may ask you to send us some or all of the evidence or undertake a site visit. |
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| **PLEASE READ THE DECLARATION CAREFULLY BEFORE SIGNING (PDF)**  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:  **Organisation:** Any individual authorised to do so by the Organisation  **Partnership:** A 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 and accompanying documents**

If a provider and manager are applying to cancel or vary the suspension of their registration at the same time, both forms must be submitted in the same email or envelope.

**Failure to submit all required additional forms will result in your application being returned.**

**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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