

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

**Application to continue registration as a manager under a new provider**

This shorter form is used when a manager wants to continue to manage the same regulated activities at the same locations when a service is taken over by a new provider

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 whose provider’s locations are being sold or otherwise transferred to a new provider.**  The form enables an existing registered manager to apply to:   * Cancel their registration under an existing provider, and at the same time, * Register as manager under a new provider.   To use this form, a new provider must be planning to take over the manager’s locations, as part of an application:   * To register for the first time, or * To add regulated activities, or * To add locations.   The ‘new’ provider can be either completely new to registration, or an existing registered provider who is new to the locations. The new provider must:   * Be applying to be registered in respect of the same regulated activity (or activities) managed by the manager * Have a manager condition in relation to the relevant regulated activity (or activities) when registered * Include the manager’s location(s) in their application to register.   The existing provider must:   * Submit an application to remove the relevant location(s) OR * Submit an application to cancel all regulated activities.   This form must not be used by:   * New managers for any purpose * Service providers (‘providers’, whether individuals, organisations or partnerships) for any purpose * Existing managers who want to add or remove a location to/from their registration * Existing managers who want to add or remove a regulated activity 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 * Existing managers who want to cancel their registration. |

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, to change the details of their registration and making an appropriate application to CQC when their locations are sold or otherwise transferred to a new provider. When a registered manager leaves their post, it is their responsibility (not the provider’s) to notify us by submitting an application to cancel their registration.

In this form the ‘new’ provider is the provider taking over the locations being managed by the existing registered manager. The ‘new’ provider can be new because:

* They are not currently registered as a provider under the Health and Social Care Act 2008 (as amended) and are now applying for this, or
* They are already registered but are new to the locations being managed by the existing manager.

The ‘existing’ provider is the provider that is currently carrying on regulated activities at the locations in this form but intends to stop doing so.

The existing manager does not have to submit a standard full application for registration as a new manager when:

* A new provider takes over an existing location that already has a registered manager.
* The new provider will have a manager condition on their registration in respect of the regulated activities managed by the existing manager.
* The existing manager plans to carry on managing the same regulated activities and locations under the new provider.
* The existing manager will not be adding or removing any regulated activities or locations to or from their registration or applying to remove or vary any other conditions of registration.

Existing managers whose circumstances meet the criteria described above can complete and submit this shorter form. This form enables managers to cancel their existing registration and apply for registration under the new provider using a simpler, ‘fast track’ process.

**Confidential personal information**

Please make sure that this request form does not include any confidential personal information about the people who use your service or your staff. This includes any information that can identify a person. We will reject any request 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.

You can complete and submit this form using a computer by attaching it to an email; this is the best 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.

This form must be submitted with an application from a new provider to:

* Apply for new registration, or
* Add a location, or
* Add a regulated activity.

If you do not answer all relevant questions we will return your form to you.

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**Section 1: Application details**

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| --- | --- | --- | --- | --- |
| **1.1 Applicant’s name and contact details** | | | | |
| \*CQC Manager ID† |  | | | |
| \*Applicant’s full name | Title | First | Middle | Last |
| \*Address line 1 |  | | | |
| \*Postcode |  | | | |

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| **1.2 The NEW service provider’s details (not the location)** | | | |
| CQC Provider ID(if already registered) |  | | |
| \*Name of provider |  | | |
| Name trading under if different to the above |  | | |
| \*Address line 1 |  | | |
| \*Town/city |  | | |
| County |  | \*Postcode |  |
| Email address |  | | |
| Business/mobile telephone number |  | | |

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| **1.3 Your EXISTING service provider’s details** | | | |
| \* CQC Provider ID†† |  | | |
| \* Name of provider |  | | |
| \*Address line 1 |  | | |
| \*Town/city |  | | |
| County |  | \*Postcode |  |
| Email address |  | | |
| \*Business/mobile telephone number |  | | |

†† You can find the Provider ID at the top right-hand side of your certificate of registration.

**Section 2: Regulated activities and locations**

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| --- | --- | --- |
| **\*2.1 Regulated activities, locations, and conditions of registration** | | |
| I confirm that I will manage only the regulated activities and locations shown on  my current certificate of registration for the new provider shown at Section 1.3.  I understand and request that any existing conditions shown on my current  certificate of registration will continue under the new provider. |  |  |
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| **\*2.2 Your locations**  Please fill in the names of your location(s) | |
| Location 1 |  |
| Location 2 |  |
| Location 3 |  |
| Location 4 |  |

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| **\*2.3 Job share** | | | | | | | | |
| Is managing any of your locations a job share post? | | | | | | | | |
| Yes | | | |  | No | |  |  |
| **IF YES** is/are the job sharer(s) also transferring to the new provider? | | | | | | | | |
| Yes | | | |  | No | |  |  |
| **IF YES** please provide relevant job sharer details below: | | | | | | | | |
| Job share Manager’s ID† |  | | | | | | | |
| \* Job share manager’s full name | Title | First | Middle | | | Last | | |

† You can find the Manager ID at the top right-hand side of certificates of registration.

If you share the management of locations with more than one job sharer please list their name(s) and Manager ID details in Section 3.3 below.

Note: Existing job sharers must submit separate application form(s) for their own circumstances. Any new job sharer(s) must apply for registration using the standard full manager application for registration form.**Section 3: Additional information**

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| **\*3.1 Checklist of information that must be available** | | |
| The following information must continue to be available if required by CQC.  The complete list of information that must be available if required by CQC can be found in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 (as amended).  If the information below is not confirmed as available we will return your application to you. Please **DO NOT** submit this information with your application. We will ask to see it if needed. | | |
| Proof of identity including a recent photograph | | |
| An enhanced DBS disclosure certificate countersigned by CQC | | |
| A full employment history together with a satisfactory written explanation of any gaps in employment | | |
| Satisfactory evidence of conduct in relevant previous employment where such employment was concerned with the provision of services relating to:   * Health and social care * Children or vulnerable adults | | |
| If you have previously worked in a position whose duties involved work with vulnerable adults or children, verification (so far as is reasonably practical) of the reason why you left the position and a name and address of someone we can contact to discuss this, if required. | | |
| Documentary evidence of all relevant qualification/s and any professional registrations | | |
| I confirm that the above information continues to be available if required by CQC |  |  |

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| **\*3.2 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. | | | | | |
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| **\*3.3 Declaration to be completed by all applicants** | | | | |
| 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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| **3.4 Supporting notes** |
| Please use this space to provide any additional information needed to support your application. |
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**Section 4: 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 (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 |

|  |  |  |
| --- | --- | --- |
| 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**

This form should be emailed together with a new provider’s application for registration, OR an existing provider’s application to add a location OR an existing provider’s application to add a regulated activity.

**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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