



Health & Social Care Act 2008 Provider Registration

Application and declaration of compliance for registration as a health and adult social care provider.

Applications under section 11 of the Health and Social Care Act 2008

This application and declaration of compliance form is for registration with the Care Quality Commission. Registration entitles you to provide applicable regulated activities associated with health and social care. The complete list of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 can be found on our website at www.cqc.org.uk.

It is an offence under section 10 of the Health and Social Care Act 2008 to carry out a regulated activity without registering with the Care Quality Commission. You could be prosecuted and it could lead to your application being refused.

You should only use this form if you are an independent healthcare or adult social care provider currently registered under the Care Standards Act 2000. **It is not for use by health and social care providers who are registering for the first time, or by providers who have not previously been required to register.**

When completing the form you should also refer to the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, the Essential standards of quality and safety and the judgement framework. These are available on our website at www.cqc.org.uk.

You must complete every field that is mandatory (marked with an asterisk). Other fields are optional but if you have this information available please provide it. We will reject an incomplete application and return it.

While considering your application the Care Quality Commission is entitled to ask for more information and may arrange a site visit.

Please ensure that your completed application and declaration form does not contain any confidential personal information about people who use services.

Statement on Data Protection Act 1998

We will use the information you have provided in this form and any other information you submit in support of your application for the purposes of processing your application for registration, including fact verification, and matters connected with our statutory functions. We may also share your information with third parties for the purposes of regulatory activity, law enforcement or any other purpose permitted by law.

We will publish information on our website www.cqc.org.uk to enable the public to find and compare care services in their local area. We may also be required to disclose your information pursuant to a request under access to information legislation, such as the Freedom of Information Act 2000.

Your information will be stored securely and held for the periods set out in our retention and disposal schedule.

*Title *Applicant's First Name *Last Name

Who is the Applicant?

This declaration must be signed by the applicant or by an individual duly authorised to sign on behalf of the organisation.

Date: 29 March 2010

by clicking on this checkbox, you indicate your agreement that the information provided will be used as stated

Type of Organisation

***I am registering as:**

Please tell us the type of entity you are registering:

An individual (sole trader)

A partnership

An organisation (Incorporated e.g. Limited Company, Charity, Limited Liability Partnership)

Regulated Activities

What is a Regulated Activity?

Regulations set out the activities that trigger the need for you to register. The regulated activities are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

- Personal Care
 - Accommodation for persons who require nursing or personal care
 - Accommodation for persons who require treatment for substance misuse
 - Accommodation and nursing or personal care in the further education sector
 - Treatment of disease, disorder or injury
 - Assessment of medical treatment for persons detained under the Mental Health Act 1983
 - Surgical procedures
 - Diagnostic and screening procedures
 - Management of supply of blood and blood derived products etc.
 - Transport services, triage and medical advice provided remotely
 - Maternity and midwifery services
 - Termination of pregnancies
 - Services in slimming clinics
 - Nursing care
 - Family planning services
-
-

1.4 Partnership applying for registration

Only complete this section if you are a partnership. Please give the name and address of each partner, as well as the service address. (Only the service address will appear on the register that we are legally required to keep and make available to the public.) A partnership is an arrangement where two or more individuals have joined together in order to provide a service. It is the partnership that is registered not the individual members of the partnership.

Name and address of the Service

*Name of service

*Address line 1

Address line 2

*Town/City

*County

*Postcode

Business wide email (if applicable)

Website (if applicable)

Business Telephone

Area Code

Number

Business fax

Area Code

Number

*Please enter total number of Partners (including yourself if you are a partner):

1.5 Partnership applying for registration

Name and address

Partner 1

- *Title
- *First Name of Partner 1
- *Last Name
- *Address line 1
- Address line 2
- *Town/City
- *County
- *Postcode

Name and address

Partner 2

- *Title
 - *First Name of Partner 2
 - *Last Name
 - *Address line 1
 - Address line 2
 - *Town/City
 - *County
 - *Postcode
-
-

Section 2 Other Information

What are Invoice and financial contact details needed for?

There are no fees for registration with Commission as you are already registered with us under the Care Standards Act 2000. However there will continue to be annual fees payable, and we need to know who and where to send invoice and financial information. Please provide us with contact details of the appropriate person within the organisation to contact about this and the invoice address.

2.0 Invoice and financial contact details

- *Title
 - *Contact First Name
 - *Contact Last Name
 - *Job title in Organisation
 - *Address line 1
 - Address line 2
 - *Town/City
 - *County
 - *Postcode (please include space)
 - Business wide email (if applicable)
 - *Business telephone
 - Area Code
 - Number
 - Business mobile
 - Business fax
 - Area Code
 - Number
-
-

Section 2 Other Information

2.1 Statement of Purpose.

All service providers, (please see question 1.0 for definition of service provider) are required by law to have a Statement of Purpose for each of the regulated activities they are registered for.

The aim of the Statement of Purpose is to provide information about:

- What you want to achieve in carrying out your regulated activity.
- The services you provide for the purpose of carrying out your regulated activity, and the locations from which you provide them. This information should be to a level of detail that enables us to have a good understanding about the specific nature of your services. For example, if you are registered for 'accommodation for persons who require nursing or personal care' your statement of purpose should define what of, and whether this is for children as well as adults.

The Statement of Purpose must include the information set out in Schedule 3 of The Care Quality Commission (Registration) Regulations 2010. We will require you to send us your Statement of Purpose once you are registered with us, or during our assessment of your application, if we need further clarity about the types of services you provide. You must notify us if you make any changes to your Statement of Purpose.

Section 2 Other Information

2.2 In all cases

You are required by law either to supply this information (if we request) or to have it available for us to see if we so wish. We are not asking you to submit this information now, but only to confirm that you have it available and that it is satisfactory. We may ask to see it in the future.

An enhanced Criminal Records Bureau check (including information relevant to vulnerable children or adults) must be available.

Evidence of proof of identity could be either a copy of a birth certificate or passport.

Evidence of satisfactory conduct in relation to previous employment could be satisfactory references.

Documentary evidence of relevant qualifications could be certificates or other suitable evidence of your relevant professional qualifications.

A full employment history together with satisfactory written explanation for gaps in employment could be provided by a Curriculum Vitae.

*** Please confirm that you have the following information available (where applicable) for**

- **The nominated Individual/s (for an organisation)**
- **An individual and/or**
- **Each partner applying for registration and that such full and satisfactory information is available if required by the Care Quality Commission.**

Enhanced CRB (including information relevant to vulnerable adults or children) Yes/No

Proof of identity including a recent photograph Yes/No

Satisfactory evidence of conduct in relevant previous employment where such employment was concerned with the provision of services relating to

- Yes/No
- a. health or social care; and/or
 - b. children or vulnerable adults

Where a person has 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 the position ended Yes/No

Documentary evidence of any relevant qualification	Yes/No
A full employment history together with a satisfactory written explanation of any gaps in employment	Yes/No
Satisfactory information about any physical or mental conditions which are relevant to the person's ability to carry on, manage or work for the purposes of, the regulated activity.	Yes/No

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Section 2 Other Information

2.3 Respecting and involving people who use services

*How do you ensure the views and experiences of people who use services are listened to and acted upon when running your service/s?

How have the views and experiences of people who use services, their carers and representatives influenced your service priorities and plans?

(Max 2000 characters)

Sample Text

How have their views and experiences influenced how you deliver the services (across the range of regulated activities applying to register)?

(Max 2000 characters)

Sample Text

What is the provider doing to increase the influence people have on the planning or delivery of the services?

(Max 2000 characters)

Sample Text

Section 2 Other Information

2.4 Equality, diversity and human rights

*How do you ensure people's equality, diversity and human rights are actively promoted in your services?

How do you ensure that the promotion of equality, diversity and human rights influence your service priorities and plans?

(Max 2000 characters)

Sample Text

How does the promotion of equality, diversity and human rights influence how you deliver services across the range of regulated activities you are applying to register?

(Max 2000 characters)

Sample Text

What are you doing to increase the influence of equality, diversity and human rights issues on the planning and delivery of the services?

(Max 2000 characters)

Sample Text

Section 2 Other Information

2.5 Extra Information

Please complete this box if there is additional information you wish to give us relating to this application:

(Max 2000 characters)

Sample Text

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*Title *Applicant's First Name *Last Name

Date: 30 March 2010

by clicking on this checkbox, you indicate your agreement that the information provided will be used as stated

SAMPLE COPY

Section 3.0 - Regulated Activities and Locations

Please detail which regulated activities you undertake in your location.

Name of location

*Service ID

(This is displayed on your current certificate of registration under the Care Standards Act 2000) Certificate No.

(This is the number of your certificate of registration under the Care Standards Act 2000)

*Address line 1

Address line 2

*Town/City

*County

*Postcode (please include space)

*Business wide email

Website

Business Telephone

Area Code

Number

Business fax

Area Code

Number

*Do you currently have a manager, registered under the Care Standards Act 2000 for the above location?

Yes/No

If YES please provide details of the Registered Manager

*Registered Manager *First Name *Last Name

*Registered Manager email

*confirm Registered Manager email

**Please select as many of the following options as provided by your location.*

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- Accommodation for persons who require treatment for substance misuse
- Accommodation and nursing or personal care in the further education sector
- Treatment of disease, disorder or injury

- Assessment of medical treatment for persons detained under the Mental Health Act 1983
- Surgical procedures
- Diagnostic and screening procedures
- Management of supply of blood and blood derived products etc.
- Transport services, triage and medical advice provided remotely
- Maternity and midwifery services
- Termination of pregnancies
- Services in slimming clinics
- Nursing care
- Family planning services

Service Type

What is a service type?

This section sets out the range of service type listings available and replicates the service types in the Essential standards of quality and safety. See the Essential standards for the full list. Please choose the types of service that best describes the service you provide (this should reflect those you identify in your statement of purpose). You can choose more than one service type. For example you may provide a care home and a domiciliary care agency, or if you are an acute hospital you may also provide a supporting diagnostic imaging service.

- Acute Services
- Prison healthcare services
- Hospital services for people with mental health needs, learning disabilities and problems with substance misuse
- Hospice services
- Rehabilitation services
- Long term conditions services
- Residential substance misuse treatment and/or rehabilitation service
- Hyperbaric chamber
- Community healthcare service
- Community based services for people with mental health needs
- Community based services for people with a learning disability
- Community based services for people who misuse substances
- Urgent care services
- Doctors consultation service
- Doctors treatment service
- Mobile doctors service
- Dental service
- Diagnostic and/or screening service
- Care home service without nursing
- Care home service with nursing
- Specialist college service
- Domiciliary care service

- Supported living service
- Shared Lives
- Extra Care housing services
- NHS Ambulance service
- Remote clinical advice service
- Blood and Transplant service

Service User Band (Who do you provide services to?)

What is a service user band?

Describe the needs of the people who use your service. For example do you offer a service for people with mental health needs, dementia, older people, children (under the age of 18 years old) or people with a learning or physical disability? You will need to ensure that these needs are the same as those listed in your statement of purpose.

- Learning disabilities or autistic spectrum disorder
 - Older people
 - Younger adults
 - Children 0-3 years
 - Children 4-12 years
 - Children 13-18 years
 - Mental health
 - Physical disability
 - Sensory impairment
 - Dementia People detained under the Mental Health Act
 - People who misuse drugs and alcohol
 - People with an eating disorder
 - Whole Population
 - None of the above
-
-

Section 4 Declaration of compliance

Please complete this section for each location in which you carry out regulated activities and continue in the free text box at the end of the declaration if necessary. Please refer to the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 for the legal requirements.

The Essential Standards of quality and safety for providers illustrates how each of the regulations may be reliably met. Providers may decide on alternative approaches but should be prepared to justify and evidence to the Care Quality Commission how the chosen approach is equally or more effective in ensuring the regulations are met.

This form is asking you to declare whether you are fully compliant or non compliant with the registration regulations relevant to the regulated activities you provide. A provider who will be compliant with the registration regulations will meet the outcomes for people who use services as set out in the Essential Standards. A provider who is non-compliant has not met elements of the registration regulations as described by the outcome statements in the Essential Standards. Evidence to support the declaration must be available on request. You must complete a declaration of compliance for each location in which you wish to carry out regulated activities.

For each of the regulations where you identify you are non compliant you will need to tell us:

- The ways in which you are non compliant
- What you will do to become compliant
- When you will become compliant
- How you will sustain your level of compliance

Locations and Regulated activities

Location details

The service provider will be compliant on registration, or at the timescale specified in the action plan, and will continue to be compliant with the registration regulations for each regulated activity undertaken at the location. The service provider will notify the commission of any changes in the status of their compliance.

Regulated Activity: Personal Care

Regulation	Declaration
Involvement and Information	
Regulation 17. Respecting and involving service users (Outcome 1)	Compliant/Non Compliant
Regulation 18. Consent to care and treatment (Outcome 2)	Compliant/Non Compliant

Regulation	Declaration
Personalised care, treatment and support	
Regulation 9. Care and welfare of service users (Outcome 4)	Compliant/Non Compliant
Regulation 14. Meeting nutritional needs (Outcome 5)	Compliant/Non Compliant
Regulation 24. Cooperating with other providers (Outcome 6)	Compliant/Non Compliant
Safeguarding and safety	
Regulation 11. Safeguarding service users from abuse (Outcome 7)	Compliant/Non Compliant
Regulation 12. Cleanliness and infection control (Outcome 8)	Compliant/Non Compliant
Regulation 13. Management of medicines (Outcome 9)	Compliant/Non Compliant
Regulation 15. Safety and suitability of premises (Outcome 10)	Compliant/Non Compliant
Regulation 16. Safety, availability and suitability of equipment (Outcome 11)	Compliant/Non Compliant
Suitability of Staffing	
Regulation 21. Requirements relating to workers (Outcome 12)	Compliant/Non Compliant
Regulation 22. Staffing (Outcome 13)	Compliant/Non Compliant
Regulation 23. Supporting workers (Outcome 14)	Compliant/Non Compliant
Quality and Management	
Regulation 10. Assessing and monitoring the quality of service provision (Outcome 16)	Compliant/Non Compliant
Regulation 19. Complaints (Outcome 17)	Compliant/Non Compliant
Regulation 20. Records (Outcome 21)	Compliant/Non Compliant

Section 5 Provider Application declaration

This declaration must be signed by the applicant or by an individual duly authorised to sign on behalf of the organisation.

Before signing this declaration, you are advised to check that the regulated activities you have identified in Section 1 - Service Provider, correspond to those you have identified for each location in Section 3 - Regulated Activities and Locations.

I hereby declare that the information detailed in this application is true and accurate.

I understand that Section 37 of the Health and Social Care Act 2008 makes it an offence to knowingly make a statement which is false or misleading in a material respect in this application, or in any of the documents submitted with this application. I understand that to knowingly make a false declaration could render me liable to prosecution and could lead to the refusal of this application.

I understand that non-compliance with the relevant legislation could lead to conditions being imposed on my registration. It may also lead to the refusal of my registration if I do not comply once registered.

I have kept a copy for my records of all the documentation submitted for my application.

In making this application for registration with the Care Quality Commission, I agree to comply with the Health and Social Care Act 2008 and associated regulations.

From the date I send you this application and until you make a decision about it, I will let you know about any changes to the information I have supplied.

I confirm that I am aware of and will comply with the legislation and associated regulations. I will meet the outcomes in the Essential Standards of quality and safety and understand that you may take this into account in decisions relating to my registration.

I agree that the information contained in this form may be used as conditions of registration Yes / No

Where applicable,

*Have all partners or equivalent discussed and agreed the content of the application and declaration Yes / No

*Signed

In signing the application form you are declaring that the information contained within it is true and accurate. Knowingly making a false declaration could lead to the refusal of the application.

*Title *Applicant First name *Last name
*Job title in Organisation

Date: 30 March 2010

SAMPLE COPY

Partners Declaration

To be completed by all partners

Name of provider: Provider Name

If you are applying to be registered to provide a regulated activity as a partnership, all of the partners are required to approve the information given in the application. All of the partners must certify that they have done so by signing the Partner's Declaration below, before the application can be approved.

Application Reference: AA123

Before signing this declaration, you should read the application form, enclosed. You should check that the regulated activities identified in Section 1 - Service Provider, correspond to those identified for each location in Section 3 - Regulated Activities and Locations.

I hereby declare that the information detailed in application AA123 is true and accurate.

I understand that Section 37 of the Health and Social Care Act 2008 makes it an offence to knowingly make a statement which is false or misleading in a material respect in this application, or in any of the documents submitted with this application. I understand that to knowingly make a false declaration could lead to the refusal of this application.

I understand that it is my responsibility to inform the Care Quality Commission of any information that is relevant to my application and to update this information accordingly.

I have kept a copy for my records of all the documentation submitted for my application.

In making this application for registration with the Care Quality Commission, I agree to comply with the Health and Social Care Act 2008 and associated regulations.

I understand that non-compliance with the relevant legislation could lead to conditions being imposed on my registration or the refusal of my application.

Please sign and date in the appropriate section:

Partner 1: *Partner Name*

Sign:

Dated:

Partner 2: Partner Name

Sign:

Dated:

This completed form should be sent to the CQC correspondence address:

CQC HSCA Signatures

Citygate

Gallowgate

Newcastle Upon Tyne

NE1 4PA

BARCODE



Health & Social Care Act 2008 Provider Registration

Registered Manager Declaration - 1 of 1

To be completed by the Registered Manager of a regulated activity at a location

Name of provider: Provider Name

The above provider has applied to be registered to carry on a regulated activity. If they have declared you to be the registered manager at a location, you are required to sign the Registered Manager Declaration below in order to be registered in that capacity under the new provisions.

Application Reference: AA123

Before signing this declaration, you should read the application form, enclosed. You should check that the information the provider has given about you and about the location at which you are to be the registered manager is correct.

I hereby declare that the information detailed in Application Reference: AA123 is true and accurate.

I understand that Section 37 of the Health and Social Care Act 2008 makes it an offence to knowingly make a statement which is false or misleading in a material respect in this application, or in any of the documents submitted with this application. I understand that to knowingly make a false declaration could lead to the refusal of this application.

I have kept a copy for my records of all the documentation submitted for my application.

In making this application for registration with the Care Quality Commission, I agree to comply with the Health and Social Care Act 2008 and associated regulations.

I understand that non-compliance with the relevant legislation could lead to conditions being imposed on my registration or the refusal of my application.

Please sign and date:

Location: *Location Name*

Registered Manager: Registered Manager Name

Sign:

Dated:

This completed form should be sent to the CQC correspondence address:

CQC HSCA Signatures

Citygate

Gallowgate

Newcastle Upon Tyne

NE1 4PA

RM-AA123

BARCODE

[Registered Manager Declaration - 1 of 1]