

Application to be registered with the Care Quality Commission

Primary dental care providers and independent ambulance providers

Application reference number:

Application to be registered with the Care Quality Commission

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 a primary dental care provider or an independent ambulance provider **who has not previously been required to register** for the carrying on of regulated activities.

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

You must complete every field marked with an asterisk(*). Those that are not marked with an asterisk are optional, but please provide the information where it is available. We will reject an incomplete application and return it. If you need more space to answer any questions on this form, please submit additional sheets. We are entitled to ask for more information while considering your application or during a site visit.

You must complete sections 1 to 5 of this application.

Please complete both the application form **and** the declaration of compliance. Guidance on how to complete the form is included in your application pack.

You should submit your application to us by the deadline that you have been given. If you do this, you will not be at risk from prosecution of the offence of carrying on a regulated activity while not registered, if we do not finish processing your application by 1 April 2011.

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

Statement on Data Protection Act 1998

We will use the information provided in this form and any other information you submit in support of your application in processing the application for registration. Please note that this may include 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.cgc.org.uk) to enable the public to find and compare 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 may be kept electronically in accordance with our information governance policies. Once a decision has been made regarding the application for registration, that decision will be recorded in accordance with our retention and disposal schedule.

① Who is the applicant?

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

We will accept inserted text as a valid signature.

*Title	
*Applicant's first name	
*Applicant's last name	
*Applicant's signature	
*Date (day/month/year)	
By ticking <input checked="" type="checkbox"/> this box, you indicate your agreement that the information provided will be used as stated	<input type="checkbox"/>

Section 1: Type of service provider and service provider details

① What is the service provider?

The service provider is the legal entity or person(s) applying to register to provide the regulated activities.

Details of the service provider, including email address and main website (if applicable) will appear in the register that we are legally required to keep and make available to the public. The email address we require in this section is the general email address of the organisation (for example, queries@ sunny-dentalpractice.co.uk). This should not be a personal email address unless it is this person's role to answer/redirect general queries from members of the public.

Type of provider

This section asks you to indicate whether you are an organisation, an individual or a partnership applying to register to provide the regulated activities.

If you are an organisation, it is the name of the company (the legal entity registered at Companies House). Registration is always at the level of the provider as a corporate entity, not at the establishment level.

If you are an individual applying for registration, 'service provider' refers to you as an individual.

If you are a partnership applying for registration, it refers to each individual member of the partnership.

There is further guidance on the different types of legal entity in the guidance on how to complete the application form.

Please tick the type of entity you are registering

*I am registering as	An organisation <input type="checkbox"/>
	An individual <input type="checkbox"/>
	A partnership <input type="checkbox"/>

Regulated activities

① 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. Please see the guidance on how to complete the application form for further information on which regulated activities may apply to you.

*Please tick all the regulated activities you wish to register

Regulated activities	
1. Personal care	<input type="checkbox"/>
2. Accommodation for persons who require nursing or personal care	<input type="checkbox"/>
3. Accommodation for persons who require treatment for substance misuse	<input type="checkbox"/>
4. Accommodation and nursing or personal care in the further education sector	<input type="checkbox"/>
5. Treatment of disease, disorder or injury	<input type="checkbox"/>
6. Assessment or medical treatment for persons detained under the 1983 (Mental Health) Act	<input type="checkbox"/>
7. Surgical procedures	<input type="checkbox"/>
8. Diagnostic and screening procedures	<input type="checkbox"/>
9. Management of supply of blood and blood derived products etc.	<input type="checkbox"/>
10. Transport services, triage and medical advice provided remotely	<input type="checkbox"/>
11. Maternity and midwifery services	<input type="checkbox"/>
12. Termination of pregnancies	<input type="checkbox"/>
13. Services in slimming clinics	<input type="checkbox"/>
14. Nursing care	<input type="checkbox"/>
15. Family planning service	<input type="checkbox"/>

If you are an organisation, please complete sections 1.1 to 1.3

If you are an individual, please complete section 1.4

If you are a partnership, please complete section 1.5

1.1 Details of the service provider	
*Name of service provider	
*Address line 1	
Address line 2	
*Town/city	
*County	
*Postcode	
Business-wide email (if applicable)	
Website	
*Business telephone	
Business fax	

Note: This address will be printed on the registration certificate and published on the internet as the provider details.

1.2 Details of the nominated individual	
*Title	
*First name (of individual)	
*Last name (of individual)	
*Job title in organisation	
*Address line 1	
Address line 2	
*Town/city	
*County	

*Postcode	
Nominated individual business email address	
*Nominated individual telephone	
Nominated individual business mobile	
Nominated individual business fax	
Tick <input checked="" type="checkbox"/> the regulated activities that this nominated individual is registered to undertake	
1. Personal care	<input type="checkbox"/>
2. Accommodation for persons who require nursing or personal care	<input type="checkbox"/>
3. Accommodation for persons who require treatment for substance misuse	<input type="checkbox"/>
4. Accommodation and nursing or personal care in the further education sector	<input type="checkbox"/>
5. Treatment of disease, disorder or injury	<input type="checkbox"/>
6. Assessment or medical treatment for persons detained under the 1983 (Mental Health) Act	<input type="checkbox"/>
7. Surgical procedures	<input type="checkbox"/>
8. Diagnostic and screening procedures	<input type="checkbox"/>
9. Management of supply of blood and blood derived products etc.	<input type="checkbox"/>
10. Transport services, triage and medical advice provided remotely	<input type="checkbox"/>
11. Maternity and midwifery services	<input type="checkbox"/>
12. Termination of pregnancies	<input type="checkbox"/>
13. Services in slimming clinics	<input type="checkbox"/>
14. Nursing care	<input type="checkbox"/>
15. Family planning service	<input type="checkbox"/>

Please repeat section 1.2 for all additional nominated individuals (use 'cut and paste' as necessary).

1.3 Organisation information	Registered company number	
	Registered charity number (if applicable)	
Are you a subsidiary of another company?		Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, please provide the name and address of the parent/holding company:		
*Parent company name		
Property name (if any):		
*Address line 1		
Address line 2		
*Town/city		
*County		
*Postcode		
Business-wide email		
Website		
Business telephone		
Business fax		
*Parent company registered company number		

If you are an organisation applying for registration, now go to Section 2.

1.4 Only complete this section if you are an individual applying for registration	
Name and business address of the individual	
*Title	
*First name (of individual)	
*Last name (of individual)	
*Name of service provider	
*Address line 1	
Address line 2	
*Town/city	
*County	
*Postcode	
Business-wide email	
*Business telephone	
Business mobile	
Business fax	
Website – if any	

If you are an individual applying for registration, now go to section 2

Only complete section 1.5 if you are a partnership applying for registration.

① Partnerships

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.

1.5	
Name and address of the service	
*Name of service	
*Address line 1	
Address line 2	
*Town/city	
*County	
*Postcode	
Business-wide email	
Website (if applicable)	
*Business telephone	
Business mobile	
Business fax	
Name and address of the first partner	
*Title	
*First name (of partner 1)	
*Last name (of partner 1)	
*Address line 1	
Address line 2	

*Town/city	
*County	
*Postcode	
Name and address of the second partner	
*Title	
*First name (of partner 2)	
*Last name (of partner 2)	
*Address line 1	
Address line 2	
*Town/city	
*County	
*Postcode	
Name and address of the third partner	
*Title	
*First name (of partner 3)	
*Last name (of partner 3)	
*Address line 1	
Address line 2	
*Town/city	
*County	
*Postcode	

Please repeat for names and addresses of all additional partners (use 'cut and paste' as necessary).

Section 2: Other information

To be completed by all applicants

2.1 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	
Business-wide email (if applicable)	
*Business telephone	
Business mobile	
Business fax	

2.2 Statement of Purpose
<p>All service providers (please see section 1 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.</p> <p>The aim of the Statement of Purpose is to provide information about:</p> <ul style="list-style-type: none">• 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 accommodation is provided, what care they receive, 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 2009. 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.

2.3 Information about nominated individuals

You are required by law either to supply the following information (if we request it) 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 will ask to see this information when we carry out a site visit.

An enhanced Criminal Records Bureau check (including information relevant to children or vulnerable adults) must be available, where one has been returned. Please note you must make arrangements for ensuring that this CRB disclosure application is countersigned by one of our authorised signatories. Information about how to do this is available on our website. If you already have a PCT-countersigned enhanced CRB check, we will not ask you to produce another.

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 CV.

Please confirm that you have the following information available for:

- **The nominated individual(s) (for an organisation), or**
- **An individual, or**
- **Each partner applying for registration**

Use

	Yes	No
Enhanced CRB (including information relevant to children or vulnerable adults). The application for the CRB disclosure must have been countersigned by one of our authorised signatories	<input type="checkbox"/>	<input type="checkbox"/>

Proof of identity including a recent photograph	<input type="checkbox"/>	<input type="checkbox"/>
Satisfactory evidence of conduct in relevant previous employment where such employment was concerned with the provision of services relating to a) health or social care; and/or b) children or vulnerable adults	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>
Documentary evidence of any relevant qualification	<input type="checkbox"/>	<input type="checkbox"/>
A full employment history together with a satisfactory written explanation of any gaps in employment	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>

2.4 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)**

– How have their views and experiences influenced how you deliver the services (across the range of regulated activities applying to register?) **(Max 2000 characters)**

– What is the provider doing to increase the influence people have on the planning or delivery of the services? **(Max 2000 characters)**

2.5 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)**

– 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)**

– 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)**

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2.6 Extra information

Please complete this box if there is additional information you wish to give us relating to this application (**Max 2000 characters**):

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DRAFT SAMPLE

Section 3: Regulated activities and locations

To be completed by all applicants

Please detail which regulated activities you undertake in your locations.

3.0 Please ensure you complete all of this section for each location, detailing which regulated activities you are undertaking for each service type at each location	
Location 1:	
*Name of location	
*Address line 1	
Address line 2	
*Town/city	
*County	
*Postcode	
*Business-wide email	
Website	
Business telephone	
Business fax	

3.1 Please tick the regulated activities you are carrying on at this location.

Regulations set out the activities that trigger the need for you to register. If you provide any of these activities, you must register with Care Quality Commission. The regulated activities are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Regulated activities	
1. Personal care	<input type="checkbox"/>
2. Accommodation for persons who require nursing or personal care	<input type="checkbox"/>
3. Accommodation for persons who require treatment for substance misuse	<input type="checkbox"/>

4. Accommodation and nursing or personal care in the further education sector	<input type="checkbox"/>
5. Treatment of disease, disorder or injury	<input type="checkbox"/>
6. Assessment or medical treatment for persons detained under the 1983 (Mental Health) Act	<input type="checkbox"/>
7. Surgical procedures	<input type="checkbox"/>
8. Diagnostic and screening procedures	<input type="checkbox"/>
9. Management of supply of blood and blood derived products etc.	<input type="checkbox"/>
10. Transport services, triage and medical advice provided remotely	<input type="checkbox"/>
11. Maternity and midwifery services	<input type="checkbox"/>
12. Termination of pregnancies	<input type="checkbox"/>
13. Services in slimming clinics	<input type="checkbox"/>
14. Nursing care	<input type="checkbox"/>
15. Family planning service	<input type="checkbox"/>

3.2 Please tick your service type at this location.

Service types	
Acute service	<input type="checkbox"/>
Prison healthcare services	<input type="checkbox"/>
Hospital services for people with mental health needs, learning disabilities or problems with substance misuse	<input type="checkbox"/>
Hospice services	<input type="checkbox"/>
Rehabilitation services	<input type="checkbox"/>
Long-term conditions services	<input type="checkbox"/>
Residential substance misuse treatment and/or rehabilitation service	<input type="checkbox"/>
Hyperbaric chamber	<input type="checkbox"/>
Community healthcare service	<input type="checkbox"/>
Community-based services for people with mental health needs	<input type="checkbox"/>
Community-based services for people with a learning disability	<input type="checkbox"/>

Community-based services for people who misuse substances	<input type="checkbox"/>
Urgent care services	<input type="checkbox"/>
Doctors consultation service	<input type="checkbox"/>
Doctors treatment service	<input type="checkbox"/>
Mobile doctors service	<input type="checkbox"/>
Dental service	<input type="checkbox"/>
Diagnostic and/or screening service	<input type="checkbox"/>
Care home service without nursing	<input type="checkbox"/>
Care home service with nursing	<input type="checkbox"/>
Specialist college service	<input type="checkbox"/>
Domiciliary care service	<input type="checkbox"/>
Supported living service	<input type="checkbox"/>
Shared Lives	<input type="checkbox"/>
Extra Care housing services	<input type="checkbox"/>
Ambulance service	<input type="checkbox"/>
Remote clinical advice service	<input type="checkbox"/>
Blood and transplant service	<input type="checkbox"/>

3.3 Please tick your service user band at this location.

Service user bands	
Learning disabilities or autistic spectrum disorder	<input type="checkbox"/>
Older people	<input type="checkbox"/>
Younger adults	<input type="checkbox"/>
Children 0-3 years	<input type="checkbox"/>
Children 4-12 years	<input type="checkbox"/>
Children 13-18 years	<input type="checkbox"/>
Mental health	<input type="checkbox"/>

Physical disability	<input type="checkbox"/>
Sensory impairment	<input type="checkbox"/>
Dementia	<input type="checkbox"/>
People detained under the Mental Health Act	<input type="checkbox"/>
People who misuse drugs and alcohol	<input type="checkbox"/>
People with an eating disorder	<input type="checkbox"/>
Whole population	<input type="checkbox"/>
None of the above	<input type="checkbox"/>

Please complete the following section for all additional locations (use 'cut and paste' to repeat as necessary).

Location number:	
*Name of location	
*Address line 1	
Address line 2	
*Town/city	
*County	
*Postcode	
*Business-wide email	
Website	
Business telephone	
Business fax	
Regulated activities	
1. Personal care	<input type="checkbox"/>
2. Accommodation for persons who require nursing or personal care	<input type="checkbox"/>
3. Accommodation for persons who require treatment for substance misuse	<input type="checkbox"/>
4. Accommodation and nursing or personal care in the further education sector	<input type="checkbox"/>
5. Treatment of disease, disorder or injury	<input type="checkbox"/>

6. Assessment or medical treatment for persons detained under the 1983 (Mental Health) Act	<input type="checkbox"/>
7. Surgical procedures	<input type="checkbox"/>
8. Diagnostic and screening procedures	<input type="checkbox"/>
9. Management of supply of blood and blood derived products etc.	<input type="checkbox"/>
10. Transport services, triage and medical advice provided remotely	<input type="checkbox"/>
11. Maternity and midwifery services	<input type="checkbox"/>
12. Termination of pregnancies	<input type="checkbox"/>
13. Services in slimming clinics	<input type="checkbox"/>
14. Nursing care	<input type="checkbox"/>
15. Family planning service	<input type="checkbox"/>
Service types	
Acute service	<input type="checkbox"/>
Prison healthcare services	<input type="checkbox"/>
Hospital services for people with mental health needs, learning disabilities or problems with substance misuse	<input type="checkbox"/>
Hospice services	<input type="checkbox"/>
Rehabilitation services	<input type="checkbox"/>
Long-term conditions services	<input type="checkbox"/>
Residential substance misuse treatment and/or rehabilitation service	<input type="checkbox"/>
Hyperbaric chamber	<input type="checkbox"/>
Community healthcare service	<input type="checkbox"/>
Community-based services for people with mental health needs	<input type="checkbox"/>
Community-based services for people with a learning disability	<input type="checkbox"/>
Community-based services for people who misuse substances	<input type="checkbox"/>
Urgent care services	<input type="checkbox"/>
Doctors consultation service	<input type="checkbox"/>
Doctors treatment service	<input type="checkbox"/>
Mobile doctors service	<input type="checkbox"/>

Dental service	<input type="checkbox"/>
Diagnostic and/or screening service	<input type="checkbox"/>
Care home service without nursing	<input type="checkbox"/>
Care home service with nursing	<input type="checkbox"/>
Specialist college service	<input type="checkbox"/>
Domiciliary care service	<input type="checkbox"/>
Supported living service	<input type="checkbox"/>
Shared Lives	<input type="checkbox"/>
Extra Care housing services	<input type="checkbox"/>
Ambulance service	<input type="checkbox"/>
Remote clinical advice service	<input type="checkbox"/>
Blood and transplant service	<input type="checkbox"/>
Service user bands	
Learning disabilities or autistic spectrum disorder	<input type="checkbox"/>
Older people	<input type="checkbox"/>
Younger adults	<input type="checkbox"/>
Children 0-3 years	<input type="checkbox"/>
Children 4-12 years	<input type="checkbox"/>
Children 13-18 years	<input type="checkbox"/>
Mental health	<input type="checkbox"/>
Physical disability	<input type="checkbox"/>
Sensory impairment	<input type="checkbox"/>
Dementia	<input type="checkbox"/>
People detained under the Mental Health Act	<input type="checkbox"/>
People who misuse drugs and alcohol	<input type="checkbox"/>
People with an eating disorder	<input type="checkbox"/>
Whole population	<input type="checkbox"/>
None of the above	<input type="checkbox"/>

Section 4: Declaration of compliance

To be completed by all applicants

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

Our guidance about compliance: *Essential Standards of quality and safety* 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 *Essential standards of quality and safety*. 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.

Declaration of compliance with the registration regulations for each regulated activity undertaken at each location.

Please complete a declaration for each location you carry out regulated activities

Location 1	
Name of location	
Address line 1	
Address line 2	

Town/city		
County		
Postcode		
Please enter the regulated activity for this location for which you are declaring compliance / non-compliance		
Location 1, Activity 1		
Involvement and information	Compliant	Non Compliant
Regulation 17: Respecting and involving service users (Outcome 1)	<input type="checkbox"/>	<input type="checkbox"/>
Regulation 18. Consent to care and treatment (Outcome 2)	<input type="checkbox"/>	<input type="checkbox"/>
Personalised care, treatment and support		
Regulation 9: Care and welfare of service users (Outcome 4)	<input type="checkbox"/>	<input type="checkbox"/>
Regulation 14. Meeting nutritional needs (Outcome 5)	<input type="checkbox"/>	<input type="checkbox"/>
Regulation 24. Cooperating with other providers (Outcome 6)	<input type="checkbox"/>	<input type="checkbox"/>
Safeguarding and safety		
Regulation 11. Safeguarding service users from abuse (Outcome 7)	<input type="checkbox"/>	<input type="checkbox"/>
Regulation 12. Cleanliness and infection control (Outcome 8)	<input type="checkbox"/>	<input type="checkbox"/>
Regulation 13. Management of medicines (Outcome 9)	<input type="checkbox"/>	<input type="checkbox"/>
Regulation 15. Safety and suitability of premises (Outcome 10)	<input type="checkbox"/>	<input type="checkbox"/>
Regulation 16. Safety, availability and suitability of equipment (Outcome 11)	<input type="checkbox"/>	<input type="checkbox"/>
Suitability of staffing		
Regulation 21. Requirements relating to workers (Outcome 12)	<input type="checkbox"/>	<input type="checkbox"/>

Regulation 22. Staffing (Outcome 13)	<input type="checkbox"/>	<input type="checkbox"/>
Regulation 23. Supporting workers (Outcome 14)	<input type="checkbox"/>	<input type="checkbox"/>
Quality and management		
Regulation 10. Assessing and monitoring the quality of service provision (Outcome 16)	<input type="checkbox"/>	<input type="checkbox"/>
Regulation 19. Complaints (Outcome 17)	<input type="checkbox"/>	<input type="checkbox"/>
Regulation 20. Records (Outcome 21)	<input type="checkbox"/>	<input type="checkbox"/>
Where you have declared non compliance you are required to complete an action plan telling us what measures you will take to be compliant with the registration regulations for each regulated activity. The <i>Essential standards of quality and safety</i> describes what compliance with the regulations looks like and you should use the guidance to help you.		
First regulation where non compliant		
*Describe in what ways you are not compliant with the above regulation (Max 2000 characters)		
*What will you do to become compliant? (Max 2000 characters)		
*When will you do this by? (dd/mm/yyyy)		
*How will you make sure that you continue to be compliant? (Max 2000 characters)		
Second regulation where non compliant		
*Describe in what ways you are not compliant with the above regulation (Max 2000 characters)		

*What will you do to become compliant? (Max 2000 characters)	
*When will you do this by? (dd/mm/yyyy)	
*How will you make sure that you continue to be compliant? (Max 2000 characters)	
Third regulation where non compliant	
*Describe in what ways you are not compliant with the above regulation (Max 2000 characters)	
*What will you do to become compliant? (Max 2000 characters)	
*When will you do this by? (dd/mm/yyyy)	
*How will you make sure that you continue to be compliant? (Max 2000 characters)	

Please repeat for all other regulations for this activity at this location where you are non compliant (use 'cut and paste' as necessary).

THEN:

Please complete the following sections for all additional regulated activities at this location (repeat and use 'cut and paste' as necessary).

Please enter the regulated activity for this location for which you are declaring compliance / non compliance		
Location 1, Activity 2		
Involvement and information	Compliant	Non Compliant
Regulation 17: Respecting and involving service users (Outcome 1)	<input type="checkbox"/>	<input type="checkbox"/>
Regulation 18. Consent to care and treatment (Outcome 2)	<input type="checkbox"/>	<input type="checkbox"/>
Personalised care, treatment and support		
Regulation 9: Care and welfare of service users (Outcome 4)	<input type="checkbox"/>	<input type="checkbox"/>
Regulation 14. Meeting nutritional needs (Outcome 5)	<input type="checkbox"/>	<input type="checkbox"/>
Regulation 24. Cooperating with other providers (Outcome 6)	<input type="checkbox"/>	<input type="checkbox"/>
Safeguarding and safety		
Regulation 11. Safeguarding service users from abuse (Outcome 7)	<input type="checkbox"/>	<input type="checkbox"/>
Regulation 12. Cleanliness and infection control (Outcome 8)	<input type="checkbox"/>	<input type="checkbox"/>
Regulation 13. Management of medicines (Outcome 9)	<input type="checkbox"/>	<input type="checkbox"/>
Regulation 15. Safety and suitability of premises (Outcome 10)	<input type="checkbox"/>	<input type="checkbox"/>
Regulation 16. Safety, availability and suitability of equipment (Outcome 11)	<input type="checkbox"/>	<input type="checkbox"/>
Suitability of staffing		
Regulation 21. Requirements relating to workers (Outcome 12)	<input type="checkbox"/>	<input type="checkbox"/>
Regulation 22. Staffing (Outcome 13)	<input type="checkbox"/>	<input type="checkbox"/>
Regulation 23. Supporting workers (Outcome 14)	<input type="checkbox"/>	<input type="checkbox"/>

Quality and management		
Regulation 10. Assessing and monitoring the quality of service provision (Outcome 16)	<input type="checkbox"/>	<input type="checkbox"/>
Regulation 19. Complaints (Outcome 17)	<input type="checkbox"/>	<input type="checkbox"/>
Regulation 20. Records (Outcome 21)	<input type="checkbox"/>	<input type="checkbox"/>
Where you have declared non compliance you are required to complete an action plan telling us what measures you will take to be compliant with the registration regulations for each regulated activity. The <i>Essential standards of quality and safety</i> describes what compliance with the regulations looks like and you should use the guidance to help you.		
First regulation where non compliant		
*Describe in what ways you are not compliant with the above regulation (Max 2000 characters)		
*What will you do to become compliant? (Max 2000 characters)		
*When will you do this by? (dd/mm/yyyy)		
*How will you make sure that you continue to be compliant? (Max 2000 characters)		
Second regulation where non compliant		
*Describe in what ways you are not compliant with the above regulation (Max 2000 characters)		
*What will you do to become compliant? (Max 2000 characters)		

*When will you do this by? (dd/mm/yyyy)	
*How will you make sure that you continue to be compliant? (Max 2000 characters)	
Third regulation where non compliant	
*Describe in what ways you are not compliant with the above regulation (Max 2000 characters)	
*What will you do to become compliant? (Max 2000 characters)	
*When will you do this by? (dd/mm/yyyy)	
*How will you make sure that you continue to be compliant? (Max 2000 characters)	

Please enter the regulated activity for this location for which you are declaring compliance / non compliance		
Location 1, Activity 3		
Involvement and information	Compliant	Non Compliant
Regulation 17: Respecting and involving service users (Outcome 1)	<input type="checkbox"/>	<input type="checkbox"/>
Regulation 18. Consent to care and treatment (Outcome 2)	<input type="checkbox"/>	<input type="checkbox"/>

Personalised care, treatment and support		
Regulation 9: Care and welfare of service users (Outcome 4)	<input type="checkbox"/>	<input type="checkbox"/>
Regulation 14. Meeting nutritional needs (Outcome 5)	<input type="checkbox"/>	<input type="checkbox"/>
Regulation 24. Cooperating with other providers (Outcome 6)	<input type="checkbox"/>	<input type="checkbox"/>
Safeguarding and safety		
Regulation 11. Safeguarding service users from abuse (Outcome 7)	<input type="checkbox"/>	<input type="checkbox"/>
Regulation 12. Cleanliness and infection control (Outcome 8)	<input type="checkbox"/>	<input type="checkbox"/>
Regulation 13. Management of medicines (Outcome 9)	<input type="checkbox"/>	<input type="checkbox"/>
Regulation 15. Safety and suitability of premises (Outcome 10)	<input type="checkbox"/>	<input type="checkbox"/>
Regulation 16. Safety, availability and suitability of equipment (Outcome 11)	<input type="checkbox"/>	<input type="checkbox"/>
Suitability of staffing		
Regulation 21. Requirements relating to workers (Outcome 12)	<input type="checkbox"/>	<input type="checkbox"/>
Regulation 22. Staffing (Outcome 13)	<input type="checkbox"/>	<input type="checkbox"/>
Regulation 23. Supporting workers (Outcome 14)	<input type="checkbox"/>	<input type="checkbox"/>
Quality and management		
Regulation 10. Assessing and monitoring the quality of service provision (Outcome 16)	<input type="checkbox"/>	<input type="checkbox"/>
Regulation 19. Complaints (Outcome 17)	<input type="checkbox"/>	<input type="checkbox"/>
Regulation 20. Records (Outcome 21)	<input type="checkbox"/>	<input type="checkbox"/>
<p>Where you have declared non compliance you are required to complete an action plan telling us what measures you will take to be compliant with the registration regulations for each regulated activity. The <i>Essential standards of quality and safety</i> describes what compliance with the regulations looks like and you should use the guidance to help you.</p>		

First regulation where non compliant	
*Describe in what ways you are not compliant with the above regulation (Max 2000 characters)	
*What will you do to become compliant? (Max 2000 characters)	
*When will you do this by? <i>(dd/mm/yyyy)</i>	
*How will you make sure that you continue to be compliant? (Max 2000 characters)	
Second regulation where non compliant	
*Describe in what ways you are not compliant with the above regulation (Max 2000 characters)	
*What will you do to become compliant? (Max 2000 characters)	
*When will you do this by? <i>(dd/mm/yyyy)</i>	
*How will you make sure that you continue to be compliant? (Max 2000 characters)	
Third regulation where non compliant	
*Describe in what ways you are not compliant with the above regulation (Max 2000 characters)	

*What will you do to become compliant? (Max 2000 characters)	
*When will you do this by? (dd/mm/yyyy)	
*How will you make sure that you continue to be compliant? (Max 2000 characters)	

THEN:

Please complete the following sections for all additional locations (repeat and use 'cut and paste' as necessary).

Location 2		
Name of location		
Address line 1		
Address line 2		
Town/city		
County		
Postcode		
Please enter the regulated activity for this location for which you are declaring compliance / non compliance		
Location 2, Activity 1		
Involvement and information	Compliant	Non Compliant
Regulation 17: Respecting and involving service users (Outcome 1)	<input type="checkbox"/>	<input type="checkbox"/>

Regulation 18. Consent to care and treatment (Outcome 2)	<input type="checkbox"/>	<input type="checkbox"/>
Personalised care, treatment and support		
Regulation 9: Care and welfare of service users (Outcome 4)	<input type="checkbox"/>	<input type="checkbox"/>
Regulation 14. Meeting nutritional needs (Outcome 5)	<input type="checkbox"/>	<input type="checkbox"/>
Regulation 24. Cooperating with other providers (Outcome 6)	<input type="checkbox"/>	<input type="checkbox"/>
Safeguarding and safety		
Regulation 11. Safeguarding service users from abuse (Outcome 7)	<input type="checkbox"/>	<input type="checkbox"/>
Regulation 12. Cleanliness and infection control (Outcome 8)	<input type="checkbox"/>	<input type="checkbox"/>
Regulation 13. Management of medicines (Outcome 9)	<input type="checkbox"/>	<input type="checkbox"/>
Regulation 15. Safety and suitability of premises (Outcome 10)	<input type="checkbox"/>	<input type="checkbox"/>
Regulation 16. Safety, availability and suitability of equipment (Outcome 11)	<input type="checkbox"/>	<input type="checkbox"/>
Suitability of staffing		
Regulation 21. Requirements relating to workers (Outcome 12)	<input type="checkbox"/>	<input type="checkbox"/>
Regulation 22. Staffing (Outcome 13)	<input type="checkbox"/>	<input type="checkbox"/>
Regulation 23. Supporting workers (Outcome 14)	<input type="checkbox"/>	<input type="checkbox"/>
Quality and management		
Regulation 10. Assessing and monitoring the quality of service provision (Outcome 16)	<input type="checkbox"/>	<input type="checkbox"/>
Regulation 19. Complaints (Outcome 17)	<input type="checkbox"/>	<input type="checkbox"/>
Regulation 20. Records (Outcome 21)	<input type="checkbox"/>	<input type="checkbox"/>

Where you have declared non compliance you are required to complete an action plan telling us what measures you will take to be compliant with the registration regulations for each regulated activity. The *Essential standards of quality and safety* describes what compliance with the regulations looks like and you should use the guidance to help you.

First regulation where non compliant

*Describe in what ways you are not compliant with the above regulation **(Max 2000 characters)**

*What will you do to become compliant? **(Max 2000 characters)**

*When will you do this by? *(dd/mm/yyyy)*

*How will you make sure that you continue to be compliant? **(Max 2000 characters)**

Second regulation where non compliant

*Describe in what ways you are not compliant with the above regulation **(Max 2000 characters)**

*What will you do to become compliant? **(Max 2000 characters)**

*When will you do this by? *(dd/mm/yyyy)*

*How will you make sure that you continue to be compliant? **(Max 2000 characters)**

Third regulation where non compliant	
*Describe in what ways you are not compliant with the above regulation (Max 2000 characters)	
*What will you do to become compliant? (Max 2000 characters)	
*When will you do this by? (dd/mm/yyyy)	
*How will you make sure that you continue to be compliant? (Max 2000 characters)	

Please enter the regulated activity for this location for which you are declaring compliance / non compliance		
Location 2, Activity 2		
Involvement and information	Compliant	Non Compliant
Regulation 17: Respecting and involving service users (Outcome 1)	<input type="checkbox"/>	<input type="checkbox"/>
Regulation 18. Consent to care and treatment (Outcome 2)	<input type="checkbox"/>	<input type="checkbox"/>
Personalised care, treatment and support		
Regulation 9: Care and welfare of service users (Outcome 4)	<input type="checkbox"/>	<input type="checkbox"/>
Regulation 14. Meeting nutritional needs (Outcome 5)	<input type="checkbox"/>	<input type="checkbox"/>
Regulation 24. Cooperating with other providers (Outcome 6)	<input type="checkbox"/>	<input type="checkbox"/>
Safeguarding and safety		

Regulation 11. Safeguarding service users from abuse (Outcome 7)	<input type="checkbox"/>	<input type="checkbox"/>
Regulation 12. Cleanliness and infection control (Outcome 8)	<input type="checkbox"/>	<input type="checkbox"/>
Regulation 13. Management of medicines (Outcome 9)	<input type="checkbox"/>	<input type="checkbox"/>
Regulation 15. Safety and suitability of premises (Outcome 10)	<input type="checkbox"/>	<input type="checkbox"/>
Regulation 16. Safety, availability and suitability of equipment (Outcome 11)	<input type="checkbox"/>	<input type="checkbox"/>
Suitability of staffing		
Regulation 21. Requirements relating to workers (Outcome 12)	<input type="checkbox"/>	<input type="checkbox"/>
Regulation 22. Staffing (Outcome 13)	<input type="checkbox"/>	<input type="checkbox"/>
Regulation 23. Supporting workers (Outcome 14)	<input type="checkbox"/>	<input type="checkbox"/>
Quality and management		
Regulation 10. Assessing and monitoring the quality of service provision (Outcome 16)	<input type="checkbox"/>	<input type="checkbox"/>
Regulation 19. Complaints (Outcome 17)	<input type="checkbox"/>	<input type="checkbox"/>
Regulation 20. Records (Outcome 21)	<input type="checkbox"/>	<input type="checkbox"/>
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First regulation where non compliant		
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*When will you do this by? (dd/mm/yyyy)	

*How will you make sure that you continue to be compliant? (Max 2000 characters)

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Please enter the regulated activity for this location for which you are declaring compliance / non compliance

Location 2, Activity 3		
Involvement and information	Compliant	Non Compliant
Regulation 17: Respecting and involving service users (Outcome 1)	<input type="checkbox"/>	<input type="checkbox"/>
Regulation 18. Consent to care and treatment (Outcome 2)	<input type="checkbox"/>	<input type="checkbox"/>
Personalised care, treatment and support		
Regulation 9: Care and welfare of service users (Outcome 4)	<input type="checkbox"/>	<input type="checkbox"/>
Regulation 14. Meeting nutritional needs (Outcome 5)	<input type="checkbox"/>	<input type="checkbox"/>
Regulation 24. Cooperating with other providers (Outcome 6)	<input type="checkbox"/>	<input type="checkbox"/>
Safeguarding and safety		
Regulation 11. Safeguarding service users from abuse (Outcome 7)	<input type="checkbox"/>	<input type="checkbox"/>
Regulation 12. Cleanliness and infection control (Outcome 8)	<input type="checkbox"/>	<input type="checkbox"/>
Regulation 13. Management of medicines (Outcome 9)	<input type="checkbox"/>	<input type="checkbox"/>
Regulation 15. Safety and suitability of premises (Outcome 10)	<input type="checkbox"/>	<input type="checkbox"/>
Regulation 16. Safety, availability and suitability of equipment (Outcome 11)	<input type="checkbox"/>	<input type="checkbox"/>
Suitability of staffing		

Regulation 21. Requirements relating to workers (Outcome 12)	<input type="checkbox"/>	<input type="checkbox"/>
Regulation 22. Staffing (Outcome 13)	<input type="checkbox"/>	<input type="checkbox"/>
Regulation 23. Supporting workers (Outcome 14)	<input type="checkbox"/>	<input type="checkbox"/>
Quality and management		
Regulation 10. Assessing and monitoring the quality of service provision (Outcome 16)	<input type="checkbox"/>	<input type="checkbox"/>
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*How will you make sure that you continue to be compliant? (Max 2000 characters)	

Section 5: Provider application declaration

To be completed by all applicants

This declaration must be signed by the applicant. Where this is an organisation, it must be signed by an individual who is duly authorised.

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 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.

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	<input type="checkbox"/>
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Providers who are not registering as individuals	
If the provider is a partnership, all partners have discussed and agreed the content of the application and declaration	<input type="checkbox"/>
If provider is an organisation, all directors have discussed and agreed the content of the application and declaration	<input type="checkbox"/>

All providers to sign to indicate they have read and agree with the application and declaration.

We will accept inserted text as a valid signature.

Signed:	
*Title	
*First Name	
*Last Name	
*Job title in organisation	
Date (day/month/year)	

Where to send the form

Where possible, please email this completed 'Word' file back to us at:
HSCATranche3Registrations@cqc.org.uk

Alternatively, post it to us at:
CQC HSCA Dentists & Private ambulances
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

For Internal Use only	
Ref number:	