

**Part 1 to be completed by the APPLICANT. Please write clearly in BLACK INK**

Name of applicant:			
Home address:			
		Postcode:	

## Health and Social Care Act 2008

Name of service provider:			
Regulated activity(ies) to be provided or managed:			
Address of service provider or location:			
		Postcode:	

I have applied to the Care Quality Commission to be registered to **run/manage/supervise the management of** (delete as appropriate) the **healthcare service/social care service** (delete as appropriate) named above.

As part of the registration procedure, I am required to obtain appropriate references with regard to my integrity, character, qualifications, skills, experience and ability. To enable the Care Quality Commission to assess my application, please provide a reference on my ability to undertake this role for the type of service shown above, by using this form.

I understand that I will be responsible for paying any fee you may charge me. Please note that the Care Quality Commission may contact you to discuss anything in the report or to obtain further clarification on the information provided.

**Note: this reference is only valid for three months from the date of receipt.**

Yours sincerely,

Signature of applicant:	
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**Please note that all fields within this form are mandatory. Incomplete forms will NOT be processed.**

**Part 2 to be completed by the REFEREE. Please write clearly in BLACK INK**

## Notes for the referee

Please read the form carefully before completing the information and answering the questions.

The legislation relating to applications and references specify that a referee:

- must not be a relative of the applicant
- should be able to provide a reference as to the applicant's competence to carry on the service
- has employed or worked with the applicant for a period of at least three months.

Following receipt of this reference, the Care Quality Commission will contact you to confirm that you are the person who provided the information in this reference and we may ask for further clarification on any of the responses to the questions below.

Please note that the information you provide will be treated in confidence. Until we have spoken to you and verified that you are the person who provided the reference, we may not be able to approve the application.

Please answer all of the following questions below, but do not include and/or attach any additional supporting information. If you think it would be helpful to send us further information, please do not do so until we have contacted you to discuss this reference.

1. In what capacity have you known the applicant?

2. Please tell us about the management experience of the applicant and their ability to manage staff.

3. Please provide any other information you have about the applicant's qualifications, skills and experience, relevant to the role that they will be undertaking.

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4. How long have you known the applicant named above? If you are a current or past employer, please complete question 5.

	Years		Months
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5. In what period did you employ the applicant? Only complete if you no longer employ the applicant.

From (dd/mm/yyyy)		To (dd/mm/yyyy)	
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When did the applicant commence their employment with you? Only complete if you still employ the applicant.

From (dd/mm/yyyy)	
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6. What were the applicant's reasons for leaving?

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7. Is there anything in the applicant's history that would make them unfit to run/manage/supervise the management of this establishment/agency?

Yes  No  If you answered yes, please provide details below

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Name of referee:			
Position:			
Business address:			
		Postcode:	
Telephone:			
Email (optional):			
Date:			
Signature:			

## Data Protection Act 1998 statement

The information provided in this form and any supporting documentation submitted will be used by the Care Quality Commission to process the related application for registration. Please note that this may include fact verification.

The information within this application will only be handled by those who are authorised to receive it in the course of their duties. It will be stored securely and may be kept electronically in accordance with the Care Quality Commission's information governance policies (see [www.cqc.org.uk](http://www.cqc.org.uk)). Once we have made a decision on registration, the information will be saved in accordance with our retention and disposal schedule.

I agree to my information being used as stated.

Referee's signature:	
Print name:	
Date:	

Thank you for providing this information.

Please return this form directly to the Care Quality Commission at the address below:

**CQC HSCA Registrations**  
**Citygate**  
**Gallowgate**  
**Newcastle upon Tyne**  
**NE1 4PA**