

# NHS-controlled provider licence application form

December 2020

## Section 1 – Licence applicant details

1.1 CQC details	
Care Quality Commission provider ID number	

1.2 Provider information	
Your (provider) name	
Name(s) you trade under (if different from the above)	
Company registration number (if applicable)	
Charity registration number (if applicable)	
Address of registered office	
Address line 1	
Address line 2	
Town/city	
County	
Postcode	
Website address	
Telephone number	
Your legal status	
If 'other' has been selected as the legal status above, please give particulars	

1.2.1 NHS-controlled providers only	
Does this application relate to an NHS-controlled provider?	Y/N
a. List the names of each organisation (or individual) that has a direct or indirect ownership stake in, or acts as guarantor to, the NHS-controlled provider	b. Specify their percentage ownership stake (this should add up to 100%)

c. List the names of all organisations (or individuals) that exert 'control' over the NHS-controlled provider (as defined by the IFRS10 criteria)	
d. Briefly explain how control is exerted by the NHS provider(s) listed under (c) (based on the IFRS10 criteria)	

<b>1.3 Key contact information for your application</b>	
Job title	
First name(s)	
Last name	
Address for correspondence	
If 'not listed' has been selected as the address for correspondence above, please provide an alternative correspondence address	
If you have provided an alternative correspondence address above, please also provide EITHER:  1. a URL which shows this is a publicly recognised address for the provider or  2. specified contact details for one of your directors/governors/a person performing equivalent or similar functions for verification purposes	
Email address	
Business telephone number	

## Section 2: Requirement for licence – Provision of health care service(s) for the purposes of the NHS

<p><b>2.1 Do you provide healthcare service(s) for the purposes of the NHS?</b></p> <p>If yes, go to question 2.1.1 If no, go to 3.1</p>	Y/N
<p>2.1.1 Do you provide healthcare service(s) for the purposes of the NHS through a contract directly with a clinical commissioning group and/or NHS England?</p> <p>If yes, go to question 2.1.1.1 If no, go to question 2.1.2</p>	Y/N
<p>2.1.1.1 Do you provide healthcare service(s) for the purposes of the NHS through a contract directly with a clinical commissioning group and/or NHS England?</p> <p>If yes or no, go to question 2.1.2</p>	Y/N
<p>2.1.2 Do you provide healthcare service(s) for the purposes of the NHS through an arrangement with another provider?</p> <p>If yes or no, go to question 3.1</p>	Y/N

## Section 3: Requirement for licence – Licence exemptions

<p><b>3.1 Are one or more of the healthcare services you provide for the purposes of the NHS, regulated activities for the purpose of registration with the Care Quality Commission under Chapter 2 of Part 1 of the Health and Social Care Act 2008?</b></p> <p>If no, go to question 3.2 If yes, got to question 3.1.1</p>	Y/N
<p>3.1.1 Are you registered with the Care Quality Commission in accordance with Chapter 2 of Part 1 of the Health and Social Care Act 2008 in respect of the carrying out of all regulated activities?</p> <p>If yes, go to question 3.2</p>	Y/N
<p><b>3.2 Do all the healthcare services you provide for the purposes of the NHS fall into one or more of the categories below:</b></p> <ul style="list-style-type: none"> <li>• primary medical services</li> <li>• primary dental services</li> </ul>	Y/N

<ul style="list-style-type: none"> <li>• NHS continuing healthcare</li> <li>• NHS-funded nursing care?</li> </ul> <p><b>If yes, go to question 3.2.1</b> <b>If no, go to question 3.3</b></p>	
<p>3.2.1 Please indicate which of the following healthcare services you provide for the purposes of the NHS:</p> <ul style="list-style-type: none"> <li>• primary medical services</li> <li>• primary dental services</li> <li>• NHS continuing healthcare</li> <li>• NHS-funded nursing care.</li> </ul> <p><b>Then go to 3.4</b></p>	<p>Y/N</p> <p>Y/N</p> <p>Y/N</p> <p>Y/N</p>
<p><b>3.3 Is your applicable turnover for the next 12 months expected to be £10 million or more?</b></p>	<p>Y/N</p>
<p><b>3.4 Do you provide healthcare services for the purposes of the NHS that are designated as commissioner requested services?</b></p> <p><b>If yes, go to question 3.4.1</b> <b>If no, go to question 4.1</b></p>	<p>Y/N</p>
<p>3.4.1 Please provide a list of all commissioners you provide commissioner requested services for with the specified details.</p> <div data-bbox="172 1245 1198 1391" style="border: 1px solid black; height: 65px; width: 100%;"></div> <p><b>Then go to question 4.1</b></p>	

## Section 4: Licence – Licensing grant criteria

<p><b>Registration with the Care Quality Commission</b></p>	
<p><b>4.1 If you have answered yes to question 3.1.1 above confirming that you are registered for all regulated activities you carry out, please select either Y or N to confirm all your registered activities:</b></p> <ul style="list-style-type: none"> <li>• personal care</li> </ul>	<p>Y/N</p>
<ul style="list-style-type: none"> <li>• accommodation for persons who require nursing or personal care</li> </ul>	<p>Y/N</p>

<ul style="list-style-type: none"> <li>• accommodation for persons who require treatment for substance misuse</li> </ul>	Y/N										
<ul style="list-style-type: none"> <li>• accommodation and nursing or personal care in the further education sector</li> </ul>	Y/N										
<ul style="list-style-type: none"> <li>• treatment of disease, disorder or injury</li> </ul>	Y/N										
<ul style="list-style-type: none"> <li>• assessment or medical treatment for persons detained under the Mental Health Act 1983</li> </ul>	Y/N										
<ul style="list-style-type: none"> <li>• surgical procedures</li> </ul>	Y/N										
<ul style="list-style-type: none"> <li>• diagnostic and screening procedures</li> </ul>	Y/N										
<ul style="list-style-type: none"> <li>• management of supply of blood and blood-derived products</li> </ul>	Y/N										
<ul style="list-style-type: none"> <li>• transport services, triage and medical advice provided remotely</li> </ul>	Y/N										
<ul style="list-style-type: none"> <li>• maternity and midwifery services</li> </ul>	Y/N										
<ul style="list-style-type: none"> <li>• termination of pregnancies</li> </ul>	Y/N										
<ul style="list-style-type: none"> <li>• services in slimming clinics</li> </ul>	Y/N										
<ul style="list-style-type: none"> <li>• nursing care</li> </ul>	Y/N										
<ul style="list-style-type: none"> <li>• family planning services</li> </ul>	Y/N										
<b>Then go to question 4.2</b>											
<p><b>Provider fitness</b></p> <p><b>4.2 Please provide below the required details for all directors, governors and those performing equivalent or similar functions of:</b></p> <ul style="list-style-type: none"> <li>• your organisation (which is applying for a licence)</li> <li>• your corporate director(s) (if applicable)</li> <li>• the parent body (bodies) of all your corporate director(s) (if applicable)</li> </ul> <p>If you are an individual provider, please provide your own name, surname and date of birth. For 'Function' please select 'Equivalent/similar to director or governor' and for 'Organisation' please select 'Applicant organisation'.</p> <table border="1"> <thead> <tr> <th>First name</th> <th>Surname</th> <th>Date of birth</th> <th>Function</th> <th>Organisation</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		First name	Surname	Date of birth	Function	Organisation					
First name	Surname	Date of birth	Function	Organisation							

<p>4.2.1 Are you a provider who is an individual?</p> <p><b>If no, go to question 4.2.2</b></p> <p><b>If yes, go to question 4.2.1.1</b></p>	Y/N
<p>4.2.1.1 For each category below, state yes if you fall within the category and state no if you do not fall within the category:</p> <ul style="list-style-type: none"> <li>• <b>you</b> have been adjudged bankrupt, or your estate has been sequestrated, and (in either case) the bankruptcy or sequestration has not been discharged or the bankruptcy order has not been annulled</li> <li>• <b>you</b> are a person in relation to whom a moratorium period under a debt relief order applies under Part VIIA (debt relief orders) of the Insolvency Act 1986</li> <li>• <b>you</b> have made a composition or arrangement with, or granted a trust deed for, your creditors and have not been discharged in respect of that composition, arrangement or deed</li> <li>• within the preceding five years ending on the date the application for a licence is made, <b>you</b> have been convicted in the British Islands of any offence and a sentence of imprisonment whether suspended or not) for a period of not less than three months (without the option of a fine) was imposed on you</li> <li>• <b>you</b> are subject to a disqualification order or disqualification undertaking under the Company Directors Disqualification Act 1986.</li> </ul> <p><b>If all no, go to Section 5</b></p>	<p>Y/N</p> <p>Y/N</p> <p>Y/N</p> <p>Y/N</p> <p>Y/N</p>
<p>4.2.2 Are you a provider who is not an individual?</p> <p><b>If yes, go to 4.2.2.1</b></p>	Y/N
<p>4.2.2.1 For each category below state yes if one or more individuals who is a director or governor of <b>your organisation</b> (or who performs equivalent or similar functions) falls within the category; state no if no such individual falls within the category:</p> <ul style="list-style-type: none"> <li>• that person is a person who has been adjudged bankrupt, or whose estate has been sequestrated, and (in either case) the bankruptcy or sequestration has not been discharged or the bankruptcy order has not been annulled</li> <li>• that person is a person in relation to whom a moratorium period under a debt relief order applies under Part VIIA (debt relief orders) of the Insolvency Act 1986</li> </ul>	<p>Y/N</p> <p>Y/N</p>

<ul style="list-style-type: none"> <li>• that person is a person who has made a composition or arrangement with, or granted a trust deed for, that person's creditors and has not been discharged in respect of that composition, arrangement or deed</li> <li>• within the preceding five years ending on the date the application for a licence is made, that person has been convicted in the British Islands of any offence and a sentence of imprisonment (whether suspended or not) for a period of not less than three months (without the option of a fine) was imposed on that person</li> <li>• that person is subject to a disqualification order or disqualification undertaking under the Company Directors Disqualification Act 1986.</li> </ul> <p><b>If all no, go to question 4.2.2.2</b></p>	<p>Y/N</p> <p>Y/N</p> <p>Y/N</p>
<p>4.2.2.2 Do you have a corporate director?</p> <p><b>If yes, go to question 4.2.2.2 (a)</b> <b>If no, go to Section 5</b></p>	<p>Y/N</p>
<p>a) For each category below state yes if one or more individuals who is a director or governor of <b>your organisation's corporate director</b> (or who performs equivalent or similar functions) falls within the category; state no if no such individual falls within the category:</p> <ul style="list-style-type: none"> <li>• that person is a person who has been adjudged bankrupt, or whose estate has been sequestrated, and (in either case) the bankruptcy or sequestration has not been discharged or the bankruptcy order has not been annulled</li> <li>• that person is a person in relation to whom a moratorium period under a debt relief order applies under Part VIIA (debt relief orders) of the Insolvency Act 1986</li> <li>• that person is a person who has made a composition or arrangement with, or granted a trust deed for, that person's creditors and has not been discharged in respect of that composition, arrangement or deed</li> <li>• within the preceding five years ending on the date the application for a licence is made, that person has been convicted in the British Islands of any offence and a sentence of imprisonment (whether suspended or not) for a period of not less than three months (without the option of a fine) was imposed on that person</li> </ul>	<p>Y/N</p> <p>Y/N</p> <p>Y/N</p> <p>Y/N</p>



<ul style="list-style-type: none"> <li>that person is subject to a disqualification order or disqualification undertaking under the Company Directors Disqualification Act 1986.</li> </ul> <p><b>If all no, go to question 4.2.2.2 (b)</b></p>	Y/N
<p>b) For each category below state yes if one or more individuals who is a director or governor of <b>your organisation's corporate director</b> (or who performs equivalent or similar functions) falls within the category; state no if no such individual falls within the category:</p> <ul style="list-style-type: none"> <li>that person is a person who has been adjudged bankrupt, or whose estate has been sequestrated, and (in either case) the bankruptcy or sequestration has not been discharged or the bankruptcy order has not been annulled</li> <li>that person is a person in relation to whom a moratorium period under a debt relief order applies under Part VIIA (debt relief orders) of the Insolvency Act 1986</li> <li>that person is a person who has made a composition or arrangement with, or granted a trust deed for, that person's creditors and has not been discharged in respect of that composition, arrangement or deed</li> <li>within the preceding five years ending on the date the application for a licence is made, that person has been convicted in the British Islands of any offence and a sentence of imprisonment (whether suspended or not) for a period of not less than three months (without the option of a fine) was imposed on that person</li> <li>that person is subject to a disqualification order or disqualification undertaking under the Company Directors Disqualification Act 1986.</li> </ul> <p><b>If all no, go to question 4.2.2.2 (b)</b></p>	Y/N Y/N Y/N Y/N Y/N
<p>c) For each category below state yes if the corporate director falls within the category; state no if the corporate director does not fall within the category:</p> <ul style="list-style-type: none"> <li>that body or its parent body (if it has a parent body) is subject to a proposal for a voluntary arrangement made in accordance with section 1 (those who may propose an arrangement) of the Insolvency Act 1986</li> </ul>	Y/N

<ul style="list-style-type: none"> <li>• a receiver, including an administrative receiver (within the meaning of section 29(2) (definitions) of the Insolvency Act 1986) has been appointed for the whole or any material part of that body's or its parent body's (if it has a parent body) property or undertaking</li> <li>• an administrator has been appointed in respect of that body or its parent body (if it has a parent body), to manage its affairs, business and property in accordance with section 8 of, and Schedule B1 (administration) to, the Insolvency Act 1986</li> <li>• that body or its parent body (if it has a parent body) has passed a resolution for winding up or is subject to an order of the High Court for winding up under Part IV (winding up of companies registered under the Companies Acts) of the Insolvency Act 1986.</li> </ul> <p><b>If all no, go to question 4.2.2.3</b></p>	<p>Y/N</p> <p>Y/N</p> <p>Y/N</p>
<p>4.2.2.3 Do you have a corporate director who has a parent body(s)?</p> <p><b>If yes, go to question 4.2.2.3 (a)</b> <b>If no, go to Section 5</b></p>	<p>Y/N</p>
<p>a) For each category below state yes if one or more individuals who is a director or governor of your <b>corporate directors' parent bodies</b> (or who performs equivalent or similar functions) falls within the category; state no if no such individual falls within the category:</p> <ul style="list-style-type: none"> <li>• that person is a person who has been adjudged bankrupt, or whose estate has been sequestrated, and (in either case) the bankruptcy or sequestration has not been discharged or the bankruptcy order has not been annulled</li> <li>• that person is a person in relation to whom a moratorium period under a debt relief order applies under Part VIIA (debt relief orders) of the Insolvency Act 1986</li> <li>• that person is a person who has made a composition or arrangement with, or granted a trust deed for, that person's creditors and has not been discharged in respect of that composition, arrangement or deed</li> <li>• within the preceding five years ending on the date the application for a licence is made, that person has been convicted in the British Islands of any offence and a sentence of imprisonment</li> </ul>	<p>Y/N</p> <p>Y/N</p> <p>Y/N</p> <p>Y/N</p>

<p>(whether suspended or not) for a period of not less than three months (without the option of a fine) was imposed on that person</p> <ul style="list-style-type: none"> <li>that person is subject to a disqualification order or disqualification undertaking under the Company Directors Disqualification Act 1986.</li> </ul> <p><b>If all no, go to Section 5</b></p>	Y/N
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## Section 5: Care Quality Commission registration conditions

<p><b>5.1 Is your registration with the Care Quality Commission subject to any conditions?</b></p> <p><b>If yes, please provide details below:</b> <b>If no, go to Section 6</b></p> <div style="border: 1px solid black; height: 40px; margin-top: 10px;"></div>	Y/N
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## Section 6: Additional information request

<b>Information related to provision of CRS</b>	
<p><b>6.1 Do you have an ultimate controller(s)?</b></p> <p><b>If yes, please provide the following details:</b> <b>If no, please go to question 6.2</b></p>	Y/N
Name of ultimate controller(s)	
Company registration number(s) (if applicable)	
Website address(es)	
Key contact(s) at ultimate controller(s):	
Job title	
First name	
Last name	
Address for correspondence	
Email address	

Business telephone number	
<b>CQC notice of enforcement actions</b> <b>6.2 Are you currently subject to enforcement action by CQC?</b> If no, go to question 6.3 If yes, please provide details below (including date of issue)	Y/N

<b>Financial year end</b>	
<b>6.3 What was the date of your last financial year end?</b> <div style="border: 1px solid black; padding: 5px; text-align: center;">(dd/mm/yy)</div>	
<b>6.4 What is the date of your establishment/date of incorporation?</b> <div style="border: 1px solid black; padding: 5px; text-align: center;">(dd/mm/yy)</div>	
<b>6.5 If your last financial year was not 12 months, please indicate the period it covered.</b> <div style="display: flex; justify-content: center; align-items: center; gap: 10px;"> <div style="border: 1px solid black; padding: 5px; text-align: center;">(dd/mm/yy)</div> <span>to</span> <div style="border: 1px solid black; padding: 5px; text-align: center;">(dd/mm/yy)</div> </div>	
<b>6.6 What is the date of your next financial year end?</b> <div style="border: 1px solid black; padding: 5px; text-align: center;">(dd/mm/yy)</div>	

<b>Licence previously held/applied for</b> <b>6.7 Have you previously held an NHS provider licence?</b> If no, go to question 6.8 If yes, please provide details below (including provider name, licence number and date granted)	Y/N
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<p><b>6.8 Have you ever made an application for an NHS provider licence that was refused?</b></p> <p>If no, go to question 6.9  If yes, please provide details below (including provider name(s), date(s) and reason(s) for refusal of the licence)</p> <div data-bbox="188 656 1220 784" style="border: 1px solid black; height: 57px; width: 647px;"></div>	Y/N
<p><b>6.9 Have you ever made an application for an NHS Provider Licence that you withdrew before NHS Improvement made its decision as to grant or refuse?</b></p> <p>If no, go to section 7  If yes, please provide details below (including provider name(s), date(s) and reason(s) for withdrawal of the application)</p> <div data-bbox="183 1149 1220 1283" style="border: 1px solid black; height: 60px; width: 650px;"></div>	Y/N

## Section 7: Licence application declaration

### General declaration

By ticking the box below, I

- confirm that I have the authority to make this application
- confirm that the information provided on the application is accurate, complete and not misleading, to the best of my knowledge and belief
- undertake that where information which has been entered on the application is no longer accurate, complete and not misleading, updated information, which is accurate, complete and not misleading, will be provided to NHS Improvement promptly

- acknowledge that NHS Improvement will use the information provided on the application, including personal data, and any other relevant information that NHS Improvement obtains or receives, for the purpose of performing its regulatory functions.

I accept the above declaration	<input type="checkbox"/>
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### Electronic communications

By ticking this box I confirm that I consent to the receipt of notices electronically (in accordance with section 149 of the Health and Social Care Act 2012) to the email address provided in response to question 1.3 or that if I do not consent to that, I will formally notify NHS Improvement.	<input type="checkbox"/>
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As you will be submitting this form electronically please type in the authorised person's name below.

<b>Person</b>	
Job title	
<b>Email address</b>	
Date	

**NB: The declaration above must be completed. If it is not, we will not be able to consider this application.**

Please send your completed application form to us at [NHSI.Licensing@nhs.net](mailto:NHSI.Licensing@nhs.net)

Contact us:

[NHSI.Licensing@nhs.net](mailto:NHSI.Licensing@nhs.net)

**NHS England and NHS Improvement**

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