Request form for withdrawal of an NHS provider licence[[1]](#footnote-2)

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| Provider name  |  |
| CQC provider ID  |  |
| Key contact name |  |
| Date  |  |
|  |
| 1. Please detail your reason(s) below for applying to withdraw your NHS provider licence.

(If you are continuing to provide NHS services, but consider that you are exempt from the requirement to hold an NHS provider licence, please view the [exemption criteria](https://www.gov.uk/government/publications/licence-exemptions-guidance-for-nhs-providers) published by the Department of Health and Social Care. Your reason(s) should specify which criteria apply to your request.) |
|  |
| 1. If you are making this licence withdrawal request with the intention of obtaining an NHS-controlled provider licence, please specify below how your organisation is controlled by NHS providers, using IFRS10 as the basis for defining ‘control’.
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| 1. List the names of each organisation(s) (or individuals) that has a direct or indirect ownership stake in, or acts as guarantor to, the NHS-controlled provider.
 | 1. Specify their percentage ownership stake (this should add up to 100%).
 | 1. Is this a ‘controlling’ stake as defined under the IFRS10 criteria? [Y/N]
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| 1. Briefly explain how control is exerted by NHS provider(s) (based on the IFRS10 criteria).
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| 3. If you were previously issued a licence because you provided commissioner requested services (CRS), but were otherwise exempt, and you no longer provide CRS, please complete the information below: |
| Commissioner name | Description of service | Date you ceased or will cease to provide CRS |
|  |  |  |
| 4. Please provide below the commissioner contact details for all the CRS you listed in 3 above: |
| Commissioner name | Key contact | Job title | Email address | Business telephone number |
|  |  |  |  |  |
|  |
| 5. Please confirm (for CRS only) whether you have notified the relevant commissioner(s) that you intend to withdraw from holding an NHS provider licence: |
| Commissioner name | Yes/No | Date of notification (if applicable) |
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| 6. Please sign and date the declaration box below if you agree with the following:By signing below, I * confirm that I have the authority to make this application to withdraw from an NHS provider licence
* confirm that the information provided on the form and on any attachments is accurate, complete and not misleading, to the best of my knowledge and belief
* undertake that where information entered on the form or attachments is no longer accurate, complete and not misleading, updated information, which is accurate, complete and not misleading, will be provided to NHS England promptly and
* acknowledge that NHS England will use the information provided on the formincluding personal data, and any other relevant information that NHS England obtains or receives, for the purpose of performing its regulatory functions.
 |
| Signature: |  |
| Job title: |  |
| Date: |  |

Please send the completed form together with any attachments that you may wish to include to NHS England via your licensing portal or email it to England.Licensing@nhs.net

1. Note: A request for withdrawal constitutes an application by the licence holder to revoke the licence, for the purposes of section 89(a) of the Health and Social Care Act 2012. [↑](#footnote-ref-2)