

Notification of change of purpose

Please complete in BLOCK CAPITALS and in black ink.

This form should be completed by: -

- the registered provider or a person with the authority to represent the registered provider

Documents that must be enclosed with this form -

- Statement of Purpose to incorporate the proposed change
- Assessment of the service recipient (only if the change is result of an emergency)

Service Provider

Name of care service

Address of care service

Postcode

Telephone number

Email address

Name of Registered Provider

Address (if different from service address)

Postcode

Telephone number

Email address

Change of purpose

Notification of change (please tick):

The age range of service recipients that the care service intends to meet

The range of needs of service recipients that the care service intends to meet

Notice must be given -

- no later than 4 weeks before the proposed change takes effect; or
- within such shorter period (if any) before that date as may be agreed with DHSC; or
- the change is a result of an emergency.

If (b) applies, notice must be given no later than the beginning of the period agreed.

If (c) applies, notice must be given -

- no later than 48 hours after the change takes effect; or
- if that is impracticable, as soon as possible thereafter.

Date proposed change to take effect

Details of the proposed change:

Details of how the care service intends to meet any proposed change to the range of needs of service recipient(s):

Declaration

I declare that the information given in this application is, to the best of my/our knowledge and belief, complete and correct.

Signed

Print Name

Position

Date

/ /

Checklist – notification of change of purpose	Tick
Documents to support application	
Completed application form	<input type="checkbox"/>
Application fee https://www.gov.im/about-the-government/departments/health-and-social-care/registration-and-inspection-team/health-and-social-care-providers-area/	<input type="checkbox"/>
Statement of Purpose (<i>to incorporate the proposed change</i>)	<input type="checkbox"/>
Declaration(s) – Directors or Trustees of a Body Corporate	<input type="checkbox"/>
Planning permission (if premises of the care service is significantly altered or extended, or additional premises are acquired)	<input type="checkbox"/>
Documents to support DBS & ID check (<i>for Directors or Trustees of a Body Corporate</i>)	
Valid role specific DBS certificate	<input type="checkbox"/>
Passport sized photograph	<input type="checkbox"/>
Passport	<input type="checkbox"/>
Driving licence	<input type="checkbox"/>
Utilities bill or bank statement (<i>dated within 3 months</i>)	<input type="checkbox"/>
Work permit if required	<input type="checkbox"/>

**Application forms MUST include all relevant documentation as per checklist.
If evidence supporting the application is not provided, the application will not be accepted.**

Once application completed and all supporting evidence attached, please make an appointment to attend the office for payment and submission of application.