

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 -

- (a) no later than 4 weeks before the proposed change takes effect; or
- (b) within such shorter period (if any) before that date as may be agreed with DSC; or
- (c) 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 -

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

Date proposed change to take effect

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Please continue overleaf



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

/ /