

Amendment of Registration Application

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

Section 1 - Service Provider

Name of care service

Address of care service

Telephone number

Email address

Name of Registered Provider

Address (if different from service address)

Telephone number

Email address

Amendment sought (please tick):

- to amend any decided condition of registration
- make a responsible person change (for providers who are a body corporate)
- amend registration to reflect a change to a person's name
- the address of the premises at which the care service is carried on (if the care service is an agency care service or childminding)

I am the property owner I lease the property

Details of the amendment sought:

Please continue overleaf



Details of the amendment sought continued:

Section 2 - Application declaration

I declare that the information given in this application is, to the best of my/our knowledge and belief, complete and correct. I hereby apply for the service's registration details under the Regulation of Care Act 2013 to be amended accordingly.

Signed

Print Name

Position

Date

/ /

Issued by:

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