

Notification and notice of changes form for providers of social work services

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Notifying Ofsted

Providers of social work services must notify us of certain offences and changes.¹ We ask that you use this form to do so. When notifying us, please always include your URN and full postal address.

Urgent situations

In urgent situations, particularly if there is significant media interest, you may telephone us first on **0300 123 1231** and then complete and return this form.

Completing the form

You can complete the form by hand or on your computer but you must print, sign, and return the form in hard copy to us at:

Notifications Ofsted National Business Unit Piccadilly Gate Store Street Manchester M12 WD

You can use the box on the last page if you need more space. We will also accept notifications by letter or on other forms currently being used by providers.

Please consider sending your form by registered mail if it contains sensitive/personal information.

¹ Regulation 6 and 7, The Providers of Social Work Services (England) Regulations 2013; <u>www.legislation.gov.uk/uksi/2013/2668/contents/made</u>.



Section A. Provider of social work service details

Please add any additional details in Section F.

1.	Name of social work service	2. Reference Number
3.	Address	
	Postcode	
4.	Telephone	

5. Email

Section B. Type of notification

6. Reason for notification – tick as appropriate (\checkmark)		
(a) Notification of conviction for offence by the responsible individual		
(b) Notification of conviction for offence by the Registered Manager		
(c) Change of the Registered Manager		
(d) Name or address of the registered provider is changed		
(e) Change to the director, manager or other similar officer of the registered provider		
(f) Significant change in the shares or other ownership of the registered provider		
(g) Change to the identity of the responsible individual		



Section C. Details of notification

If notifying Ofstedthat either the responsible individual or Registered Manager has been convicted of an offence please specify:

7. Date and place of the conviction	7.	Date and	place of th	e conviction
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8. The offence for which they were convicted

9. The penalty imposed in respect of the offence

10. Any other details you wish to add (please attached additional sheets if necessary)



For all other notifications please complete the following:

11. The date of the change

12. Full details of the change (please attached additional sheets if necessary)

For all notifications please clarify:

13. Is any further action planned, and in what timescales?

Signed	Print name
Job title	Date



Section D. For internal use only

14.	. Regulatory inspection managed	ger's assessment of action needed
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15. Date sent to inspector

16. Inspector action

Sign-off regulatory inspection manager	Sign-off inspector
Date	Date