# Application to voluntarily cancel registration from a social care provider or manager[[1]](#footnote-1)

You must complete and return this form to apply to cancel your registration as a provider or a manager.

There are two sections to this form. Part A is an application to cancel registration as a provider; part B is an application to cancel registration as a manager.

You must send the applicable part of the form to Ofsted at the address given below at least **three months' before** the date you want the cancellation to take effect. We may agree to a shorter period of notice in exceptional circumstances.[[2]](#footnote-2)

If we have served you with a notice of proposal to cancel your registration as a provider or a manager,[[3]](#footnote-3) or a notice of decision,[[4]](#footnote-4) you cannot apply to voluntarily cancel your registration.[[5]](#footnote-5)

We will not be able to process your application for cancellation unless all the required information is provided to us. We may contact you to ask for further information. If you do not provide the required information, this may cause delays in processing your application and may result in the need to revise your proposed cancellation date.

If this is an application to cancel a registered provider, then this form must be signed by someone who makes up the registered provider and any application without the appropriate signature(s) will need to be resubmitted.

If this is an application to cancel the registration of a manager, then this form must be signed by the manager who is applying to cancel their registration.

We cannot process forms that are not signed by the correct person(s) and any application without the appropriate signature(s) will need to be resubmitted

The provider **must** return the certificate of registration on the agreed cancellation date.

If you have questions on completing this form, please contact our contact centre on 0300 123 1231.

## Part A – for registered providers only

**Notice of application from a registered provider to voluntarily cancel their registration under**

**section 15(1)(b) of the Care Standards Act 2000**

### Information about the establishment, agency, scheme or undertaking

Section 1a

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| Name of registered provider | | Click or tap here to enter text. |
| Name of establishment, agency, scheme or undertaking | | Click or tap here to enter text. |
| Address | | Click or tap here to enter text. |
| Click or tap here to enter text. |
| Click or tap here to enter text. |
| Postcode Click or tap here to enter text. |
| Telephone number | Click or tap here to enter text. | |
| Email | Click or tap here to enter text. | |
| Date of registration Click or tap here to enter text. | | |
| Ofsted reference number Click or tap here to enter text. | | |
| Proposed date of voluntary cancellation Click or tap here to enter text. | | |

### Description of the establishment, agency, scheme or undertaking

Section 2a

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| --- | --- |
| **Please tick as appropriate** | |
| Children's home |  |
| Independent fostering agency |  |
| Supported accommodation |  |
| Voluntary adoption agency |  |
| Adoption support agency |  |
| Residential family centre |  |
| Residential holiday scheme for disabled children |  |

Section 3a

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| What are your reasons for applying to cancel your registration? |
| Click or tap here to enter text. |

Section 4a

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| If your proposed date for cancellation is less than three months from the date of this application, what are the reasons for this? Please also provide a report about whether your establishment, agency, scheme or undertaking has ceased to be financially viable, or is likely to cease to be financially viable, within the next 12 months. |
| Click or tap here to enter text. |

Section 5a

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| What arrangements have you made to ensure that children, young people and where appropriate, adult service users, will continue to be provided with similar accommodation and/or services to the type that you currently provide after the  proposed cancellation date? (Please continue on a separate sheet if necessary) |
| Click or tap here to enter text. |

Section 6a

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| What arrangements have you made for the retention and secure storage of records after the proposed cancellation date? |
| Click or tap here to enter text. |

Section 7a

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| What notice or information have you given to the following people about your application to cancel your registration? |
| 1. the people who use your service, including children and young people, foster carers, adoptive parents and families   Click or tap here to enter text. |
| 1. representatives of the people listed in (i), including placing authorities and, for supported accommodation, each local authority that arranges for you to accommodate children or, if different, the local authority in which the premises used by you are located   Click or tap here to enter text. |
| 1. the local authority in the area where the establishment, agency, scheme or undertaking operates   Click or tap here to enter text. |

Section 8a

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| If you have not given information to any of the people listed in section 7a, what are  the circumstances that have prevented you from giving them information about your notice to cancel? |
| 1. The people who use your service, including children and young people, foster carers, adoptive parents and families   Click or tap here to enter text. |
| 1. representatives of the people listed in (i), including placing authorities and, for supported accommodation, each local authority that arranges for you to accommodate children or, if different, the local authority in which the premises used by you are located   Click or tap here to enter text. |
| 1. the local authority in the area where the establishment, agency, scheme or undertaking operates   Click or tap here to enter text. |

Section 9a

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| If you have not already given notice or information about your application to cancel your registration to the people in Section 7a, the law requires that you do so within seven days of making this application to cancel. Will you provide these notifications? Please write either yes or no next to each group below. | |
| **Specified Persons** | **Yes/No** |
| Each person who uses your service (including children and young people, foster carers, adoptive parents, private residences and families) | Click or tap here to enter text. |
| Their representative, including placing authorities (this includes anyone who has parental responsibility for a child/young person) and, for supported accommodation, each local authority that arranges for you to accommodate children | Click or tap here to enter text. |
| The local authority in the area where the establishment or  agency operates | Click or tap here to enter text. |

Section 10a

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| If you have responded 'no' to any answer in Section 9a, what are the reasons that  will prevent you from doing this? |
| Click or tap here to enter text. |

Section 11a

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| What notice or information have you given to staff of your service (including paid and volunteer staff) about your application to cancel registration? |
| Click or tap here to enter text. |



## Declaration by the registered provider (that is an organisation or individual)

I declare that, to the best of my knowledge, the information given in support of this application to cancel my registration as detailed above is accurate.

Name:Click or tap here to enter text.

Signed: Click or tap here to enter text.

Details of your role within the registered provider:Click or tap here to enter text.

Date:Click or tap here to enter text.

**Declaration by the registered provider (that is a partnership)**

If partnership, all partners to sign.

We declare that, to the best of our knowledge, the information given in support of this application to cancel our registration as detailed above is accurate.

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| --- | --- | --- |
| Signature | Print name | Date |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
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| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

Please continue on a separate sheet if necessary.

Please email your completed form to sc.admin@ofsted.gov.uk.

## Part B – for registered managers or registered service managers only

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| **Notice of application from a registered manager or registered service manager to voluntarily cancel their registration under**  **section 15(1)(b) of the Care Standards Act 2000** |

### Information about the establishment, agency, scheme or undertaking

Section 1b

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| Name of registered manager or registered service manager | | Click or tap here to enter text. | |
| Name of registered provider | | Click or tap here to enter text. | |
| Name of establishment, agency, scheme or undertaking | | Click or tap here to enter text. | |
| Address | | Click or tap here to enter text. | |
| Click or tap here to enter text. | |
| Click or tap here to enter text. | |
| Click or tap here to enter text. | |
| Postcode Click or tap here to enter text. | |
| Telephone number | Click or tap here to enter text. | | |
| Email | Click or tap here to enter text. | | |
| Ofsted reference number | | | Click or tap here to enter text. |
| Proposed date of voluntary cancellation | | | Click or tap here to enter text. |

### Description of the establishment or agency

Section 2b

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| **Please tick as appropriate** | |
| Children's home |  |
| Independent fostering agency |  |
| Supported accommodation |  |
| Voluntary adoption agency |  |
| Adoption support agency |  |
| Residential family centre |  |
| Residential holiday scheme for disabled children |  |

Section 3b

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| What are your reasons for applying to cancel your registration? |
| Click or tap here to enter text. |

Section 4b

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| If your proposed date for cancellation is less than three months from the date of this application, what are the reasons for this? |
| Click or tap here to enter text. |

Section 5b

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| What notice or information have you given to the following people about your application to cancel your registration? |
| 1. the people who use your service, including children and young people, foster carers, adoptive parents and families   Click or tap here to enter text. |
| 1. representatives of the people listed in (i), including placing authorities and, for supported accommodation, each local authority that arranges for you to accommodate children or, if different, the local authority in which the premises used by you are located   Click or tap here to enter text. |
| 1. the local authority in the area where the establishment, agency, scheme or undertaking operates   Click or tap here to enter text. |

Section 6b

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| If you have not given information to any of the people listed in section 5b, what are  the circumstances that have prevented you from giving them information about your notice to cancel? |
| 1. the people who use your service, including children and young people, foster carers, adoptive parents and families   Click or tap here to enter text. |
| 1. representatives of the people listed in (i), including placing authorities and, for supported accommodation, each local authority that arranges for you to accommodate children or, if different, the local authority in which the premises used by you are located   Click or tap here to enter text. |
| 1. the local authority in the area where the establishment or agency operates   Click or tap here to enter text. |

Section 7b

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| If you have not already given notice or information about your application to cancel your registration to the people in Section 5b, the law requires that you do so within seven days of making this application to cancel. Will you provide these notifications? Please write either yes or no next to each group below. | |
| **Specified Persons** | **Yes/No** |
| Each person who uses your service (including children and young people, foster carers, adoptive parents, private residences and families) | Click or tap here to enter text. |
| Their representative, including placing authorities (this includes anyone who has parental responsibility for a child/young person) and, for supported accommodation, each local authority that arranges for you to accommodate children | Click or tap here to enter text. |
| The local authority in the area where the establishment,  Agency, scheme or undertaking operates | Click or tap here to enter text. |

Section 8b

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| If you have responded 'no' to any answer in Section 7b, what are the reasons that  will prevent you from doing this? |
| Click or tap here to enter text. |

Section 9b

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| What notice or information have you given to staff of your service (including paid and volunteer staff) about your application to cancel registration? |
| Click or tap here to enter text. |

## Declaration by the registered manager

I declare that, to the best of my knowledge, the information given in support of this application to cancel my registration as manager as detailed above is accurate.

Name:Click or tap here to enter text.

Signed: Click or tap here to enter text.

Date:Click or tap here to enter text.

**Alternative contact email address** for us to confirm with you that your registration is cancelled (this is because in many cases the person applying to cancel their manager registration will have left their employment by the time the cancellation has taken effect, and their work contact email address will no longer be in use): Click or tap here to enter text.

Please continue on a separate sheet if necessary.

Please email your completed form to [sc.admin@ofsted.gov.uk](mailto:sc.admin@ofsted.gov.uk).

## Separate sheet for additional information

Click or tap here to enter text.

1. Section 15 (1)(6) of the Care Standards Act 2000 and regulation 13 of the Care Standards Act 2000

   (Registration)(England) Regulations 2010. [↑](#footnote-ref-1)
2. Section 15 (1)(6) of the Care Standards Act 2000 and regulation 13 of the Care Standards Act 2000

   (Registration)(England) Regulations 2010. [↑](#footnote-ref-2)
3. Regulation 13(2)(6) of the Care Standards Act 2000 (Registration)(England) Regulations 2010. [↑](#footnote-ref-3)
4. Section 17(4)(a) of the Care Standards Act 2000. [↑](#footnote-ref-4)
5. Section 19(3) of the Act. [↑](#footnote-ref-5)