

APPLICATION TO VOLUNTARILY CANCEL CARE SERVICE REGISTRATION

Service name:

CS Number:

Service address:

Postcode:

Name of provider:

Provider address:
(if different from
service address)

Postcode:

Contact tel no:

Email:

Date service proposes to stop operating:

If less than three months from date of application this must be agreed in writing by the Care Inspectorate.

Reason for closure of service:

What arrangements have you made to ensure that users of the service will continue to receive a similar service, this may include from another provider or person:

When you apply to voluntarily cancel the registration of a care service, as well as applying to the Care Inspectorate, you are required to notify service users, their representatives and relatives and the local authority.

Have you notified the following of your proposal to cancel registration of your service?

	Yes	No
• Service users	<input type="checkbox"/>	<input type="checkbox"/>
• Representatives/relatives of service users	<input type="checkbox"/>	<input type="checkbox"/>
• The Local Authority (where applicable)	<input type="checkbox"/>	<input type="checkbox"/>
• NHS Board (where applicable)	<input type="checkbox"/>	<input type="checkbox"/>

If you have not notified the relevant parties, please provide the reasons why and your intended action here:

Signature _____

Print name _____

Position _____

Date _____

The registered provider or an authorised representative of the registered provider must sign this application.

The Care Inspectorate is not able to process this application until all relevant information is received.

Your service will remain registered, and all relevant continuation fees will still be applicable until we formally confirm your cancellation. Please refer to the Fees Guidance on our website for detailed information as to the "cut off" periods/dates for cancellation in respect of when fees will still be applied.

Please return the application to your local Care Inspectorate office.

Headquarters

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY
Tel: 01382 207100
Fax: 01382 207289

We have offices across Scotland. To find your nearest office, visit our website or call our Care Inspectorate enquiries line.

Website: www.careinspectorate.com

Email: enquiries@careinspectorate.com

Care Inspectorate Enquiries: 0845 600 9527

This publication is available in other formats and other languages on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànanan eile ma nithear iartras.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت گزارش پر دیگر شکلوں اور دیگر زبانوں میں دستیاب ہے۔

ਬੈਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

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本出版品有其他格式和其他語言備索。

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420