

**Application form under the Human Tissue (Quality and Safety for Human Application) Regulations 2007 to** **vary a licence to replace the** [**Individual Licence Holder**](http://www.hta.gov.uk/licensingandinspections/peopleatlicensedestablishments/designatedindividualsandlicenceholders.cfm) **(LH)**

Please complete this form if the Licence Holder is an individual person and you need to replace them with another individual person Licence Holder due to a change of circumstances, such as change of staff, retirement, ill health or long term suspension from duties.

If the Licence Holder is a corporate body, please do not use this form but instead complete the application form to replace the Corporate Licence Holder.

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| Licence number |  |
| Establishment name |  |
| Name of Designated Individual (DI) |  |
| Name of current Licence Holder (LH) or Corporate Licence Holder (CLH) |  |

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| **Details of by proposed Individual Licence Holder** | |
| Title |  |
| Forenames |  |
| Surname |  |
| If you have been known by another name, please give details |  |
| Email |  |
| Telephone |  |
| Fax |  |
| Job title |  |
| Address of premises where licensed activity is or will be taking place at | Postcode: |
| Correspondence address, if different from above | Postcode: |
| Educational and/or professional qualifications |  |
| Membership of relevant professional bodies and registration numbers where applicable |  |
| Details of any other relevant experience, including managerial experience and training |  |
| Please explain the reason for the change of Licence Holder |  |
| Please explain why you think you are suitable to be the Licence Holder |  |
| Date variation required from |  |

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| **Declaration by proposed Licence Holder**  Any person making an application should be aware that under paragraph 7(2)(c),(d) and (g) of Schedule 3 of the Human Tissue Act 2004 (as amended by the Human Tissue (Quality and Safety for Human Application) Regulations 2007), the Human Tissue Authority may revoke a licence if it:  (a) ceases to be satisfied that the premises specified in the licence, or any third party premises in relation to the licence, are suitable for the licensed activity(ies) or activity(ies) carried out under the third party agreement;  (b) ceases to be satisfied that the person to whom the licence is granted is a suitable person to be the holder of the licence, and  (c) is satisfied that there has been a material change of circumstances since the licence was granted.  I understand the terms and conditions under which a licence is granted and varied under the Human Tissue Act 2004 and the Human Tissue (Quality and Safety for Human Application) Regulations 2007 and confirm: | |
| a) The information provided is true and accurate. | Yes  No |
| b) The Designated Individual has consented to this application. | Yes  No |
| c) I accept that I am responsible under the Human Tissue (Quality and Safety for Human Application) Regulations 2007 for entering into a third party agreement with any third parties that procure, test, process, distribute or export tissues and/or cells for human application on behalf of the establishment, or supply any goods or services which may affect the quality or safety of tissues and/or cells. | Yes  No |
| d) I accept that I, the Designated Individual and the establishment must comply with any Directions issued by the Human Tissue Authority from time to time. | Yes  No |
| e) I acknowledge the requirements of any Directions issued by the Human Tissue Authority from time to time represent suitable practices in the course of carrying on the licensed activity(ies). | Yes  No |
|  |  |
| Name: | Date: DD/MM/YYYY |

Please return this application form by email to [licensing.enquiries@hta.gov.uk](mailto:licensing.enquiries@hta.gov.uk).