**Application form under the Human Tissue Act 2004 to vary a licence to replace the** [**Designated Individual**](http://www.hta.gov.uk/licensingandinspections/peopleatlicensedestablishments/designatedindividualsandlicenceholders.cfm) **(DI)**

Please complete this form if you need to replace the Designated Individual due to a change of circumstances, such as change of staff, retirement, ill health or long term suspension from duties.

Please note – as per Schedule 3, 8(1) of the Human Tissue Act, this form must be submitted by the Licence Holder / Licence Holder contact, following completion (including of the declaration) by the proposed Designated Individual, before HTA assessment of suitability can take place.

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

|  |  |
| --- | --- |
| Licence number |  |
| Establishment name |  |
| Establishment address | Postcode: |
| Name of current DI |  |
| Name of Licence Holder (LH) or Corporate Licence Holder (CLH) |  |
| Date variation required from |  |

|  |  |
| --- | --- |
| **Details of proposed Designated Individual** | |
| Title |  |
| Forenames |  |
| Surname |  |
| If you have been known by another name, please give details |  |
| Email |  |
| Telephone |  |
| Job title |  |
| Correspondence address, if different from licensed premises | Postcode: |
| Have you ever applied to be a DI for another establishment? | Yes  No  If yes, please provide the establishment name and the application reference number. |
| Please explain the reason for the proposed change of DI |  |
| 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 |  |

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| With regard to the organisational structure of the establishment, please indicate the lines of responsibility between the DI and any persons working under the licence |  |
| Please explain your involvement in ensuring that staff who will work under the licence are appropriately qualified and trained in techniques relevant to their work and that they are continuously updating their skills |  |
| Please explain your involvement in governance and quality management activities within the establishment |  |
| Please explain why you think you are suitable for the role of DI |  |

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| **Declaration by proposed Designated Individual**  Any person making an application should be aware that under paragraph 7(2)(b), (e) and (g) of Schedule 3 of the Human Tissue Act 2004, the Human Tissue Authority may revoke a licence if it:  (a) is satisfied that the DI has failed to discharge, or is unable because of incapacity to discharge, their under section 18 of the Human Tissue Act 2004;  (b) ceases to be satisfied that the DI is a suitable person to supervise the licensed activity;  (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, particularly my duties under Section 18 and confirm: | |
| a) I will follow the guidance set out in the Codes of Practice produced by the Human Tissue Authority and as amended from time to time. | Yes  No |
| b) The licensed activity(ies) will be carried out under my supervision. | Yes  No |
| c) I accept I am responsible for securing that the other persons to whom the licence(s) apply are suitable persons to participate in the carrying out of the licensed activity(ies). | Yes  No |
| d) I accept that I am responsible for securing that suitable practices are used by the persons under my supervision in the course of carrying out the licensed activity(ies). | Yes  No |
| e) I accept I am responsible for compliance with the conditions of any licences granted. | Yes  No |
| f) The information provided is true and accurate to the best of my knowledge. | Yes  No |
| g) I consent to be the Designated Individual for the licence(s). | Yes  No |
| Name: | Date: DD/MM/YYYY |