

**Termination of licensable activities**

**Closure pro forma for establishments licensed under Schedule 3 of the Human Tissue Act 2004**

**Guidance**

This form is for use by establishments licensed by the Human Tissue Authority under s16 and Schedule 3 of The Human Tissue Act 2004.

It must be completed by the Licence Holder/Licence Holder Contact or Designated Individual when a licensed activity is to cease at the premises. The HTA licence will then be revoked.

By signing the declaration at the end of this form, you are confirming that no licensable activity will take place, or has taken place, from the date of termination of activities given in this form.

If licensable activity is carried out in the absence of an HTA licence, this is a breach of the Human Tissue Act with the potential for the application of criminal sanctions.

For detailed guidance on how this form should be completed, please refer to the appendix.

|  |  |  |
| --- | --- | --- |
| 1. (a) | Name and address of the establishment which is closing or terminating activities | Name:Address: |
| 1. (b) | Establishment licence number |  |
| 1. (c) | What does the termination/closure relate to? | [ ]  The main site[ ]  A satellite site[ ]  Both |
| 1(d) | Briefly detail the reasons for the termination of licensed activities. |  |
| 2.  | Name of the current Designated Individual (DI)  |  |

|  |  |  |
| --- | --- | --- |
| 3. (a) | Please check all that apply in relation to relevant material that has been/ is stored at the site.  | [ ]  Relevant material will be/ has been transferred to another licensed establishment? (please provide details in 3(b))[ ]  No relevant material is currently being stored [ ]  All relevant material will be/has been sensitively disposed of [ ]  Relevant material is being stored for a non-scheduled purpose (please provide details in 3(b))[ ]  Relevant material has been transferred to a non licensed establishment for a non-scheduled purpose (please provide details in 3(b))[ ]  Relevant material will be/has been exported out of England, Scotland and Northern Ireland (please provide details in 3(b))[ ]  Other (please detail below) Additional information: |
| 3. (b) | Please provide the names, addresses and licence numbers (if applicable) of the establishments to which stored relevant material and related consent/traceability documentation are being transferred | Please provide further details: |
| 4.  | What steps have been taken to ensure that the transport of relevant material is carried out under conditions that maintain its integrity and quality?  |  |
| 5.  | Date of expected termination of licensed activities |  |

I confirm that the foregoing information is correct and that from the date of expected termination of licensed activities provided in section 5 above, no further licensed activity is being/will be carried out at the establishment.

By signing this declaration I acknowledge that the carrying out of any licensed activity in the absence of a licence issued by the Human Tissue Authority is an offence under s25 of the Human Tissue Act 2004.

(signed)…………………………………………………………………

(name)………………………………………………………………….

**Designated Individual/Licence Holder/ Licence Holder Contact (delete as required)**

Please return this form by email to licensing@hta.gov.uk

**Appendix**

Guidance on completion of numbered sections of this form:

1(a) Insert name and address of the establishment as detailed on the HTA licence issued

1(b) Insert HTA Licence number as detailed on the HTA licence issued

1(c) Confirm whether termination of activities relates to main site, satellite site, or both

1(d) Give brief details of the reasons for the termination of licensed activities

2 Provide full name of the current Designated Individual

3(a) Check boxes as required relating to the storage of relevant material

3(b) Provide additional information on the continued storage of material after transfer including the location names, addresses and licence numbers (if applicable)

4 Provide additional information on the transportation of material including how it will be transferred and the details of the contracted courier/funeral director, and how assurance will be obtained that material has been received by the storage facility.

5 Insert the date by which **ALL** licensable activity will have ceased

**If you require further advice please contact the HTA at:** **licensing@hta.gov.uk** **or call us on 0207 269 1900**