

## Public Display Licence Application Form

If you wish to exhibit or display the body of a person or relevant material which has come from the body of a person to the public, you can apply for a licence using this application form.

Please refer to the HTA's website for:

- [guidance on completing this application form](#)
- [information about HTA licensing](#)
- [the role and responsibilities of Designated Individuals and Licence Holders under the Human Tissue Act](#)

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

<b>Establishment Information</b>	
<p>A licence application must specify the premises where the activities are to take place; this should be the address of the main site. Where the licensed activity will take place at more than one premises (i.e. a main site with remote satellite sites), a separate satellite licence will be needed for each site.</p>	
Premises name	
Department	
Address	
	Postcode:
Type of organisation	<input type="checkbox"/> Limited company Company registration number:  <input type="checkbox"/> Sole proprietor Name and address:  <input type="checkbox"/> Public Limited Company Company registration number:  <input type="checkbox"/> Charity Charity registration number:  <input type="checkbox"/> Partnership Names and addresses of partners:  <input type="checkbox"/> NHS Organisation Please describe:  <input type="checkbox"/> Other public body Please describe:  <input type="checkbox"/> Higher Education Institution  <input type="checkbox"/> Other Please describe:
Are you applying for a continuous, or a six-month temporary, licence?	Continuous <input type="checkbox"/> Six Month Temporary <input type="checkbox"/>

Are you applying to replace an existing licence?	Yes <input type="checkbox"/> No <input type="checkbox"/>  If yes, please state the existing licence number you are applying to replace:
Activities to be licensed	<input type="checkbox"/> Section 16(2)(f)(i) and (ii) – The use for the purpose of public display of the body of a deceased person or relevant material which has come from a human body for use for a Scheduled Purpose  <input type="checkbox"/> Section 16(2)(e)(i) and (ii) – The storage of the body of a deceased person or relevant material which has come from a human body for use for a Scheduled Purpose
What types of tissues are displayed, collected or stored?	
How many units of tissue are displayed, collected or stored?	
What types of procedures take place at the establishment?	<input type="checkbox"/> Consent <input type="checkbox"/> Procurement  <input type="checkbox"/> Storage  <input type="checkbox"/> Transport  <input type="checkbox"/> Display  <input type="checkbox"/> Import  <input type="checkbox"/> Export  <input type="checkbox"/> Other – please describe
Distribution	<input type="checkbox"/> Local  <input type="checkbox"/> Regional  <input type="checkbox"/> National  <input type="checkbox"/> International

Please provide names of the proposed Persons Designated for the licence if the establishment is applying for a licence on one premises		Name	Job title	Email address	Telephone
	1				
	2				
	3				
What organisations or individuals, if any, are you holding samples on behalf of?					
<p>To assist the Human Tissue Authority, please provide a synopsis describing:</p> <ul style="list-style-type: none"> <li>• The activities taking place</li> <li>• How long the activities have been taking place</li> <li>• How the facility is used</li> <li>• How the facility is controlled</li> <li>• How the facility relates or interacts with other establishments</li> </ul>					
How many adverse incidents have occurred in the establishment in the past 12 months?					

<b>Establishment Accreditation</b>	
<p>Has the establishment taken part in the Museum Accreditation Scheme run by the Museums, Libraries and Archives Council (MLA) since it was announced in 2004?</p>	<p><input type="checkbox"/> Not registered</p> <p><input type="checkbox"/> Registered <span style="float: right;">Date:</span></p> <p><input type="checkbox"/> Awaiting accreditation</p> <p><input type="checkbox"/> Accredited <span style="float: right;">Date:</span></p> <p><input type="checkbox"/> Reaccredited <span style="float: right;">Date:</span></p>
<p>Does the establishment have any other form of accreditation?</p>	<p>Yes <input type="checkbox"/>                      No <input type="checkbox"/></p> <p>If yes, please provide the following information for each accreditation:</p> <p>Accrediting body:</p> <p>Date accredited:</p> <p>Date enrolled:</p> <p>Awaiting assessment?    Yes <input type="checkbox"/>    No <input type="checkbox"/></p> <p>Approval date:</p> <p>Any further information, such as explanation of the activities covered by the accreditations:</p>

<b>Satellite Sites</b>			
<p>Does the establishment have any satellite sites?      Yes <input type="checkbox"/>      No <input type="checkbox"/></p> <p>If yes, please complete the below information for each satellite site. If you have more than two satellite sites you can copy and paste this part of the form onto a separate sheet.</p>			
<p><b>Satellite 1</b></p> <p>Premises name: Address:  Postcode:</p> <p>Activities undertaken at satellite:  <input type="checkbox"/> Section 16(2)(f)(i) and (ii) – The use for the purpose of public display of the body of a deceased person or relevant material which has come from a human body for use for a Scheduled Purpose   <input type="checkbox"/> Section 16(2)(e)(i) and (ii) – The storage of the body of a deceased person or relevant material which has come from a human body for use for a Scheduled Purpose</p>			
Person(s) Designated at the site	Job title	Email address	Telephone number
Primary:			
Additional:			
Additional:			
When did the site become operational? (approximate date)			
Please explain how the satellite site links to the governance of the hub			

To assist the Human Tissue Authority, please provide a short synopsis describing how the facility is used		
Please explain what responsibilities the staff at the satellite site have for meeting the consent requirements of the Human Tissue Act and Codes of Practice		
Does the satellite store relevant material on behalf of any organisation other than the hub	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide details.	
Does the satellite supply or use relevant material for research purposes?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Please state how many adverse events have occurred at the satellite in the last year		
Please provide any relevant further information		
Name of person who completed this form (must be either the DI or LH from the hub):	Date: DD/MM/YYYY	

**Satellite 2**

Premises name:

Address:

Postcode:

Activities undertaken at satellite:

 Section 16(2)(f)(i) and (ii) – The use for the purpose of public display of the body of a deceased person or relevant material which has come from a human body for use for a Scheduled Purpose

 Section 16(2)(e)(i) and (ii) – The storage of the body of a deceased person or relevant material which has come from a human body for use for a Scheduled Purpose

Person(s) Designated at the site	Job title	Email address	Telephone number
Primary:			
Additional:			
Additional:			
When did the site become operational? (approximate date)			
Please explain how the satellite site links to the governance of the hub			
To assist the Human Tissue Authority, please provide a short synopsis describing how the facility is used			
Please explain what responsibilities the staff at the satellite site have for meeting the consent requirements of the Human Tissue Act and Codes of Practice			



Does the satellite store relevant material on behalf of any organisation other than the hub?	Yes <input type="checkbox"/> No <input type="checkbox"/>  If yes, please provide details.	
Does the satellite supply or use relevant material for research purposes?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Please state how many adverse events have occurred at the satellite in the last year		
Please provide any relevant further information		
Name of person who completed this form (must be either the DI or LH from the hub):	Date: DD/MM/YYYY	

### Application to be Designated Individual (DI)

To be completed by proposed DI

Before completing, we recommend you read the useful information for DIs we have published on our website: [Designated Individuals and Licence Holders under the Human Tissue Act | Human Tissue Authority \(hta.gov.uk\)](https://www.hta.gov.uk/designated-individuals-and-licence-holders-under-the-human-tissue-act)

Title	
Forenames	
Surname	
If you have been known by another name, please provide details	
Correspondence address	
	Postcode:
Email	
Telephone	
Job title	
Have you ever applied to be a DI for another establishment?	Yes <input type="checkbox"/> No <input type="checkbox"/>  If yes, please provide the establishment name and the application reference number.
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	

<p>Regarding the organisational structure of the establishment, please indicate the lines of responsibility between the DI and any persons working under the licence</p>	
<p>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</p>	
<p>Please explain your involvement in governance and quality management activities within the establishment</p>	
<p>Please explain why you think you are suitable for the role of DI</p>	

### Declaration by proposed Designated Individual

Any person making an application and submitting a compliance report should be aware that under paragraph 7(2)(a) of Schedule 3 of the Human Tissue Act 2004, the Human Tissue Authority may revoke a licence if it is satisfied that any information given for the purposes of the application for a licence was in any material respect false and misleading.

I understand the terms and conditions under which a licence will be granted 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 activities 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 activities. 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 activities. 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

### Application to be Individual Licence Holder (LH)

This section is to be completed when an individual person is applying to be the LH.  
 If a corporate body is applying to be the LH please move on to the next section.

Title	
Forenames	
Surname	
If you have been known by another name, please provide details	
Correspondence address	Postcode:
Email	
Telephone	
Job title	
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 why you think you are suitable for the role of the Licence Holder	

**Declaration by proposed Licence Holder**

Any person making an application should be aware that under paragraph 7(2)(d) and (g) of Schedule 3 of the Human Tissue Act 2004, the Human Tissue Authority may revoke a licence if it:

- (a) 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
- (b) 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 confirm:

- a) The information provided is true and accurate.                      Yes                       No
- b) The Designated Individual has consented to this application.                      Yes                       No

Name: \_\_\_\_\_ Date: DD/MM/YYYY

### Application to be Corporate Licence Holder (CLH)

This section is to be completed when a corporate body is applying to be the LH. If an individual person is applying to be the LH please complete the previous section instead.

Details of person applying to be the Corporate Licence Holder contact on behalf of the Corporate Licence Holder:

Title	
Forenames	
Surname	
If you have been known by another name, please give details	
Email	
Telephone	
Job title	
Full name of corporate body	
Trading name or business name if different from company name	
Type of corporate body and relevant details	<input type="checkbox"/> Limited company Company registration number:
	<input type="checkbox"/> Sole proprietor Name and address:
	<input type="checkbox"/> Public Limited Company Company registration number:
	<input type="checkbox"/> Charity Charity registration number:
	<input type="checkbox"/> Partnership Names and addresses of partners:
	<input type="checkbox"/> NHS Organisation Please describe:
	<input type="checkbox"/> Other public body Please describe:
	<input type="checkbox"/> Higher Education Institution
	<input type="checkbox"/> Other Please describe:

Name and registered office of parent company, if applicable	
If the body has been known by another name in the past five years please provide details	
Please explain why the corporate body is suitable for the role of the Corporate Licence Holder	
<p><b>Declaration by proposed Corporate Licence Holder</b></p> <p>Any person making an application and submitting a compliance report should be aware that under paragraph 7(2)(a) of Schedule 3 of the Human Tissue Act 2004, the Human Tissue Authority may revoke a licence if it is satisfied that any information given for the purposes of the application for a licence was in any material respect false and misleading.</p> <p>On behalf of the corporate body I accept the terms and conditions under which a licence will be granted under the Human Tissue Act 2004 and confirm:</p> <p>a) The information provided is true and accurate.                      Yes <input type="checkbox"/>                      No <input type="checkbox"/></p> <p>b) The Designated Individual has consented to this application.                      Yes <input type="checkbox"/>                      No <input type="checkbox"/></p> <p>c) I have been authorised to make this application on behalf of the applicant corporate body.                      Yes <input type="checkbox"/>                      No <input type="checkbox"/></p> <p>Name: _____ Date: DD/MM/YYYY</p>	



## Human Tissue Authority Standards

### Consent

#### **C1 – Consent is obtained in accordance with the requirements of the Human Tissue Act 2004 (HT Act) and as set out in its Codes of Practice.**

- |   |   |
|---|---|
| a) If the establishment is required to seek consent, a process is in place which is in accordance with the requirements of the HT Act and the HTA's Codes of Practice, and records of consent are maintained. | <input type="checkbox"/> Not applicable<br><input type="checkbox"/> Not met<br><input type="checkbox"/> Met |
|---|---|

Please provide examples:

- |   |   |
|---|---|
| b) If relevant, there is training for staff on how to seek consent for the public display of human material, which addresses the requirements of the HT Act and the HTA's Codes of Practice and records demonstrate attendance. | <input type="checkbox"/> Not applicable<br><input type="checkbox"/> Not met<br><input type="checkbox"/> Met |
|---|---|

Please provide examples:

- |  |   |
|--|---|
| c) Where applicable, there are agreements with other parties to ensure that consent is sought in accordance with the requirements of the HT Act and the HTA's Codes of Practice. | <input type="checkbox"/> Not applicable<br><input type="checkbox"/> Not met<br><input type="checkbox"/> Met |
|--|---|

Please provide examples:

#### **C2 – Information about the consent process and the activity for which consent is sought is provided.**

- |  |   |
|--|---|
| a) There is written information about the consent process for those giving consent, which reflects the requirements of the HT Act and its codes of practice. | <input type="checkbox"/> Not applicable<br><input type="checkbox"/> Not met<br><input type="checkbox"/> Met |
|--|---|

Please provide examples:

- |   |   |
|---|---|
| b) Standard operating procedures (SOPs) specify how information on consent is provided. | <input type="checkbox"/> Not applicable<br><input type="checkbox"/> Not met<br><input type="checkbox"/> Met |
|---|---|

Please provide examples:

## Governance and Quality Systems

### GQ1 – All aspects of the establishment’s work are governed by documented policies and procedures.

- a) There are collections management policies and procedures, or equivalent, governing the storage and public display of bodies and human tissue which give due regard to the dignity of the deceased. These should include, as relevant to the establishment’s activities:
- Not applicable
  - Not met
  - Met
- i. an overarching policy on the care and treatment of exhibits containing human tissue;
  - ii. seeking consent for donation of bodies and human tissue for public display;
  - iii. specimen acquisition e.g. by bequest, exchange, loan or purchase from another individual or organisation nationally or internationally;
  - iv. specimen preservation, monitoring and conservation;
  - v. control of environmental conditions;
  - vi. the management of sensitive material, such as foetal remains;
  - vii. transportation of specimens e.g. on loan to or return to other collections;
  - viii. the disposal/deaccession of specimens;
  - ix. storage contingency arrangements;
  - x. the creation, amendment, retention and destruction of records;
  - xi. the management of incidents and complaints.

Please provide examples:

- b) There are procedures that govern the work of temporary staff and contractors, which ensure that they are sensitive to the special status of human remains and exhibits consisting of human material.
- Not applicable
  - Not met
  - Met

Please provide examples:

c) Regular governance meetings are held; for example, health and safety and risk management committees, that have agendas and minutes.	<input type="checkbox"/> Not applicable <input type="checkbox"/> Not met <input type="checkbox"/> Met
Please provide examples:	
d) Policies and procedures are reviewed regularly and are version controlled.	<input type="checkbox"/> Not applicable <input type="checkbox"/> Not met <input type="checkbox"/> Met
Please provide examples:	

<b>GQ2 – There is a documented system of audit.</b>	
a) There is a documented system of audit, which includes records of traceability and specimens.	<input type="checkbox"/> Not applicable <input type="checkbox"/> Not met <input type="checkbox"/> Met
Please provide examples:	

<b>GQ3 – Staff are appropriately qualified and trained in techniques relevant to their work and demonstrate competence in key tasks.</b>	
a) There are clear reporting lines and accountability, and documented roles and responsibilities.	<input type="checkbox"/> Not applicable <input type="checkbox"/> Not met <input type="checkbox"/> Met
Please provide examples:	
b) There is documented induction and training for staff, which includes the handling of human remains; attendance at training is recorded.	<input type="checkbox"/> Not applicable <input type="checkbox"/> Not met <input type="checkbox"/> Met
Please provide examples:	

**GQ4 – There is a systematic and planned approach to the management of records.**

- |  |   |
|--|---|
| a) There are suitable systems for the creation, review, amendment, retention and destruction of records. | <input type="checkbox"/> Not applicable<br><input type="checkbox"/> Not met<br><input type="checkbox"/> Met |
|--|---|

Please provide examples:

- |   |   |
|---|---|
| b) Systems ensure data protection, confidentiality and public disclosure (whistle-blowing). | <input type="checkbox"/> Not applicable<br><input type="checkbox"/> Not met<br><input type="checkbox"/> Met |
|---|---|

Please provide examples:

**GQ5 – There are systems to ensure that untoward incidents are investigated promptly.**

- |  |   |
|--|---|
| a) There is a system for reporting and investigating serious untoward incidents. | <input type="checkbox"/> Not applicable<br><input type="checkbox"/> Not met<br><input type="checkbox"/> Met |
|--|---|

Please provide examples:

- |   |   |
|---|---|
| b) Corrective and preventive actions are taken where necessary and improvements in practice are made. | <input type="checkbox"/> Not applicable<br><input type="checkbox"/> Not met<br><input type="checkbox"/> Met |
|---|---|

Please provide examples:

**GQ6 – Risks associated with the establishment’s practices and processes in relation to the storage and display of human material are assessed and monitored.**

- a) Risk assessments are documented.  Not applicable  
 Not met  
 Met

Please provide examples:

- b) Risk assessments set out steps taken to mitigate risks.  Not applicable  
 Not met  
 Met

Please provide examples:

- c) Risk assessments are reviewed regularly.  Not applicable  
 Not met  
 Met

Please provide examples:

- d) Staff can access risk assessments and are made aware of them in training.  Not applicable  
 Not met  
 Met

Please provide examples:

## Traceability

### T1 – A coding and records system facilitates traceability of bodies and human tissue.

- |    |   |   |
|----|---|---|
| a) | Bodies and human tissue are traceable through a unique identification number or code. | <input type="checkbox"/> Not applicable<br><input type="checkbox"/> Not met<br><input type="checkbox"/> Met |
|----|---|---|

Please provide examples:

- |    |  |   |
|----|--|---|
| b) | The system of record-keeping should include the location of material at the establishment and may include a description or photographic record and details of any specialist storage conditions, shelf-life or contamination risk. | <input type="checkbox"/> Not applicable<br><input type="checkbox"/> Not met<br><input type="checkbox"/> Met |
|----|--|---|

Please provide examples:

### T2 – Records of traceability are maintained.

- |    |   |   |
|----|---|---|
| a) | Records of receipt, storage, transportation and delivery of bodies and human tissue are maintained. | <input type="checkbox"/> Not applicable<br><input type="checkbox"/> Not met<br><input type="checkbox"/> Met |
|----|---|---|

Please provide examples:

- |    |   |   |
|----|---|---|
| b) | Disposal or de-accession records include the date, reason and method of disposal/deaccession. | <input type="checkbox"/> Not applicable<br><input type="checkbox"/> Not met<br><input type="checkbox"/> Met |
|----|---|---|

Please provide examples:

- |    |  |   |
|----|--|---|
| c) | Where applicable, disposal arrangements reflect specified wishes of the donor. | <input type="checkbox"/> Not applicable<br><input type="checkbox"/> Not met<br><input type="checkbox"/> Met |
|----|--|---|

Please provide examples:

## Premises, Facilities and Equipment

### PFE1 – The premises and facilities are secure and safeguard the dignity of the deceased and the integrity of human tissue.

- a) Areas used for storage or public display provide an environment that is safe for staff and visitors and preserves the integrity of the material and the dignity of the deceased.  Not applicable  
 Not met  
 Met

Please provide examples:

- b) The establishment is clean, well maintained and subject to a programme of planned preventative maintenance.  Not applicable  
 Not met  
 Met

Please provide examples:

- c) Staff have access to the protective clothing, materials and equipment they need.  Not applicable  
 Not met  
 Met

Please provide examples:

- d) A documented risk assessment has been carried out of the premises to ensure that they are appropriate for the licensed activities.  Not applicable  
 Not met  
 Met

Please provide examples:

- e) There are policies in place to review and maintain the safety of staff and visitors.  Not applicable  
 Not met  
 Met

Please provide examples:

- f) The premises are secure with controlled access to bodies, human tissue and records.  Not applicable  
 Not met  
 Met

Please provide examples:

g) Security measures include the use of lockable display areas and alarm systems.	<input type="checkbox"/> Not applicable <input type="checkbox"/> Not met <input type="checkbox"/> Met
Please provide examples:	

**PFE2 – There are appropriate facilities for the storage of bodies and human tissue.**

a) Where chemicals are used for preservation, the area is adequately ventilated to control exposure.	<input type="checkbox"/> Not applicable <input type="checkbox"/> Not met <input type="checkbox"/> Met
Please provide examples:	
b) Critical storage conditions are monitored and recorded.	<input type="checkbox"/> Not applicable <input type="checkbox"/> Not met <input type="checkbox"/> Met
Please provide examples:	
c) There are systems to deal with emergencies.	<input type="checkbox"/> Not applicable <input type="checkbox"/> Not met <input type="checkbox"/> Met
Please provide examples:	
d) There is a documented contingency plan for storage of bodies and human tissue.	<input type="checkbox"/> Not applicable <input type="checkbox"/> Not met <input type="checkbox"/> Met
Please provide examples:	



**Please submit the following documents as part of your application:**

Please note that your application will not be processed unless you submit all of the above documents. If you are unable to provide any of the documents, please explain why below.

<b>Application Checklist – Mandatory documents</b>	
<b>Governance and Quality Systems</b>	
<input type="checkbox"/>	Collection management policy (if applicable)
<input type="checkbox"/>	Risk assessments relevant to licensable activities (please note that these must be developed in line with the guidance provided in relation to standard GQ6)
<b>Traceability</b>	
<input type="checkbox"/>	List of material to be displayed or stored under the licence
<b>Premises, Facilities and Equipment</b>	
<input type="checkbox"/>	Risk assessment of premises
<input type="checkbox"/>	Site plan, indicating where display/storage of relevant material will take place
<input type="checkbox"/>	Information on the site and environment where public display will take place

Further information on documentation