Application form to vary a licence to replace the Corporate Licence Holder named contact (CLHc) under The Quality and Safety of Organs Intended for Transplantation Regulations 2012

Please complete this form if you need to replace a Corporate Licence Holder named contact with another individual due to a change of circumstances for example, change of staff, retirement, ill health.

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

|  |  |
| --- | --- |
| Licence number |  |
| Establishment name |  |
| Name of current Corporate Licence Holder named contact (CLHc) |  |
| Date variation required from |  |

|  |  |
| --- | --- |
| **Details of proposed Corporate Licence Holder Contact (CLHc)** | |
| Details of the Corporate Licence Holder named contact: | |
| Title |  |
| Forenames |  |
| Surname |  |
| If you have been known by another name, please give details |  |
| Email |  |
| Telephone |  |
| Job Title |  |
| Qualifications |  |
| Please explain the reason for the change of Corporate Licence Holder named contact |  |
| Please explain why you think you are suitable to be the Corporate Licence Holder named contact |  |

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| **Declaration by proposed Corporate Licence Holder named contact**  I confirm I understand the conditions and directions under which a licence will be granted under the Quality and Safety of Organs Intended for Transplantation Regulations 2012 and confirm: | |
| a) The information provided is true and accurate. | Yes  No |
| b) I have been authorised to make this application on behalf of the proposed Corporate Licence Holder. | Yes  No |
| c) I confirm that the proposed Corporate Licence Holder understands the responsibility to comply with any Directions issued by the Human Tissue Authority. | Yes  No |
| d) I confirm the proposed Corporate Licence Holder has read and understood the Human Tissue Authority framework document. | Yes  No |
| e) I confirm the proposed Corporate Licence Holder understands the responsibility to meet the Directions laid down by the Human Tissue Authority in the framework document. | Yes  No |
| f) I confirm the proposed Corporate Licence Holder understands the responsibility to pay fees as required for a licence by the Human Tissue Authority. | Yes  No |
| g) I confirm the proposed Corporate Licence Holder understands there is a legal duty to secure compliance with the conditions of the licence. | Yes  No |
| h) I confirm the proposed Corporate Licence Holder understands that they Human Tissue Authority will conduct an audit to ensure compliance with the licence conditions from time to time. The proposed Corporate Licence Holder will assist the Human Tissue Authority in this audit. | Yes  No |
| i) I confirm the proposed Corporate Licence Holder understands that consent or authorisation for organ donation for transplantation must be obtained in accordance with the requirements of legislation. | Yes  No |
| **Name:** | **Date: DD/MM/YYYY** |