Application form under the Human Tissue (Quality and Safety for Human Application) Regulations 2007 (as amended) to vary a licence to replace the Corporate Licence Holder contact (CLHc)

Please complete this form if you need to replace a Corporate Licence Holder contact with another individual due to a change of circumstances, such as change of staff, retirement, ill health, or long-term suspension from duties.

This form will need to be completed by the proposed CLHc and submitted by the Designated Individual (DI) by email to licensing@hta.gov.uk

If you need to replace an individual Licence Holder, please complete the [application to vary a licence to replace the Licence Holder under the Q&S Regulations](https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fcontent.hta.gov.uk%2Fsites%2Fdefault%2Ffiles%2F2022-06%2FHTA-FOR-011%25202007%2520Regulations%2520Change%2520of%2520individual%2520LH%2520Variation%2520Form.docx&wdOrigin=BROWSELINK) which can be found on the HTA website.

If you need to replace the Corporate Licence Holder, please complete the [application to vary a licence to replace the Corporate Licence Holder under the Q&S Regulations](https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fcontent.hta.gov.uk%2Fsites%2Fdefault%2Ffiles%2F2022-06%2FHTA-FOR-007%25202007%2520Regulations%2520change%2520of%2520CLH%2520variation%2520form.docx&wdOrigin=BROWSELINK) which can be found on the HTA website.

|  |  |
| --- | --- |
| Licence number |  |
| Establishment name |  |
| Name of Designated Individual (DI) |  |
| Name of current Licence Holder (LH) or Corporate Licence Holder contact (CLHc) |  |
| Date variation required from |  |

**Details of proposed Corporate Licence Holder contact (CLHc)**

|  |  |
| --- | --- |
| Title |  |
| Forenames |  |
| Surname |  |
| If you have been known by another name, please give details |  |
| Email |  |
| Telephone |  |
| Job Title |  |
| Please explain the reason for the change of Corporate Licence Holder contact |  |
| Please explain why you think you are suitable to be the Corporate Licence Holder contact |  |

**Declaration by proposed Corporate Licence Holder contact**

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);

(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 there has been a material change of circumstances since the licence was granted.

On behalf of the applicant corporate body, I understand and accept the terms and conditions under which licences are granted and varied under the Human Tissue Act 2004 and the Human Tissue (Quality and Safety for Human Application) Regulations 2007 (as amended), 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 have been authorised to make this declaration on behalf of the applicant corporate body. | Yes [ ]  No [ ]  |
| d) I accept that the Corporate Licence Holder is responsible under the Human Tissue (Quality and Safety for Human Application) Regulations 2007 (as amended) for entering into third party agreements 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 [ ]  |
| e) I accept that the Corporate Licence Holder, the Designated Individual and the establishment must comply with any Directions issued by the Human Tissue Authority from time to time. | Yes [ ]  No [ ]  |
| f) I, on behalf of the Corporate Licence Holder, acknowledge that 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** |