**Application form for a change of premises**

**for establishments in the Anatomy sector**

This application form can be used by establishments that already hold a licence in the Anatomy sector and would like to make a substantial change to their licensed premises (for example an extension to the premises) or will be moving premises.

 **The DI or LH will be required to submit this application form by email to** licensing@hta.gov.uk

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| **Establishment information** |
| An application for a change of premises of a licensed establishment must specify the new address where the activities are to take place. Where a change of premises is required for more than one site (i.e. a satellite site), this will need a separate application form. |
| Licence number |  |
| Name of Designated Individual |  |
| Premises name |  |
| Department |  |
| New Address | Postcode: |
| Proposed date of relocation or change |  |

In the following section, please carry out a self-assessment for all HTA standards based on the proposed new premises and provide examples of compliance as required.

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| **PFE1 – The premises are secure and fit for purpose.** |
| a) An assessment of the premises has been carried out to ensure that they are appropriate for the purpose. |
| Not applicable [ ]  Not met [ ]  Met [ ]  |
| **Please provide examples:** |
| b) Arrangements are in place to ensure that the premises are secure and confidentiality is maintained. |
| Not applicable [ ]  Not met [ ]  Met [ ]  |
| **Please provide examples:** |
| c) There are documented cleaning and decontamination procedures. |
| Not applicable [ ]  Not met [ ]  Met [ ]  |
| **Please provide examples:** |

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| **PFE2 – There are appropriate facilities for the storage of bodies and human****tissue.** |
| a) There is sufficient storage capacity. |
| Not applicable [ ]  Not met [ ]  Met [ ]  |
| **Please provide examples:** |
| b) Storage arrangements ensure the dignity of the deceased. |
| Not applicable [ ]  Not met [ ]  Met [ ]  |
| **Please provide examples:** |
| c) Storage conditions are monitored, recorded and acted on when required. |
| Not applicable [ ]  Not met [ ]  Met [ ]  |
| **Please provide examples:** |
| d) There are documented contingency plans in place in case of failure in storage area. |
| Not applicable [ ]  Not met [ ]  Met [ ]  |
| **Please provide examples:** |

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| **PFE3 – Equipment is appropriate for use, maintained, validated and where****appropriate monitored.** |
| a) Equipment is subject to recommended calibration, validation, maintenance, monitoring, and records are kept. |
| Not applicable [ ]  Not met [ ]  Met [ ]  |
| **Please provide examples:** |
| b) Users have access to instructions for equipment and are aware of how to report an equipment problem. |
| Not applicable [ ]  Not met [ ]  Met [ ]  |
| **Please provide examples:** |
| c) Staff are provided with suitable personal protective equipment. |
| Not applicable [ ]  Not met [ ]  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 documents below. If you are unable to provide any of the documents, please explain why.

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| **Application Checklist – Mandatory documents** |
| **Premises, Facilities and Equipment** |
| [ ]  | Risk assessment of premises |
| [ ]  | Site plan, indicating where storage of bodies, body parts and relevant material will take place |
| [ ]  | Information on storage facilities that are/will be available (e.g., number of freezers, fridges, room temperature storage) |
| [ ]  | Contingency plan for failure in storage area |
| [ ]  | SOPs for monitoring and testing of storage conditions |

Further information on documentation

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