Application form to vary a licence to replace the Corporate Licence Holder (CLH) 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 with another corporate body or replace an individual Licence Holder with a corporate body.

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

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

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| **Details of proposed Corporate Licence Holder** |
| Full name and address of new applicant Corporate Body |  |
| Trading or business name if different from name given above |  |
| Type of corporate body and relevant details | [ ]  Limited companyCompany registration number: |
|  | [ ]  Sole ProprietorName and address: |
|  | [ ]  Public Limited CompanyCompany registration number: |
|  | [ ]  CharityCharity registration number: |
|  | [ ]  PartnershipName and address of partners: |
|  | [ ]  NHS OrganisationPlease describe: |
|  | [ ]  Other public bodyPlease describe: |
|  | [ ]  Higher Education Institution |
|  | [ ]  OtherPlease 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 CLH |  |
| Please explain the reason for the change of CLH |  |
| **Details of Corporate Licence Holder contact if changing with the CLH** |
| Details of the Corporate Licence Holder contact (person authorised to sign on behalf of the corporate body) completing this application: |
| Title |  |
| Forenames |  |
| Surname |  |
| If you have been known by another name, please give details |  |
| Email |  |
| Telephone |  |
| Job Title |  |
| Qualifications |  |
| Correspondence address if different from the licensed premises |  |
| Please explain why you think you are suitable to be the Corporate Licence Holder Contact |  |

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| **Declaration by proposed Corporate Licence Holder 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** |