

## Statutory notification about a person who uses a domiciliary care agency or nurses agency

Please read ‘**Guidance for Providers: How to tell us about notifiable events**’ for detailed advice on how and when to make statutory notifications

The guidance is available at [www.cqc.org.uk](http://www.cqc.org.uk)

There is a separate form for notifications about an agency’s premises, registered provider(s), registered manager, staff, or statement of purpose

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**This notification includes personal information. To comply with the Data Protection Act 1998 it should not be sent by email or fax**

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Please send this notification by post to:

Care Quality Commission  
National Correspondence  
Citygate  
Gallowgate  
Newcastle Upon Tyne  
NE1 4PA

Fax us on: 03000 616172

Or email your regional team:

Easter Region: [enquiries.eastern@cqc.org.uk](mailto:enquiries.eastern@cqc.org.uk)  
London Region: [enquiries.london@cqc.org.uk](mailto:enquiries.london@cqc.org.uk)  
North East Region: [enquiries.northeastern@cqc.org.uk](mailto:enquiries.northeastern@cqc.org.uk)  
North West Region: [enquiries.northwest@cqc.org.uk](mailto:enquiries.northwest@cqc.org.uk)  
South East Region: [enquiries.southeast@cqc.org.uk](mailto:enquiries.southeast@cqc.org.uk)  
South West Region: [enquiries.southwest@cqc.org.uk](mailto:enquiries.southwest@cqc.org.uk)  
West Midlands Region: [enquiries.westmidlands@cqc.org.uk](mailto:enquiries.westmidlands@cqc.org.uk)

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- **Please use a separate form for each notification**
  - **Please do not send in duplicate notifications by email or fax: send this notification ONCE, by post only**
  - **Service numbers can be found on reports and certificates of registration**

- You do not need to send us this page

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**Statutory notification about a person(s) who use(s) a domiciliary care agency or nurses agency**

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**Part 1 Required information:**

<b>The Agency</b>			
<b>Agency's name:</b>			
<b>Agency's address:</b>			
<b>Postcode:</b>		<b>Service number:</b>	
<b>Form filled in by:</b>		<b>Date:</b>	dd/mm/yy

**Notification about an allegation of abuse, neglect or harm of a person(s) who uses the agency that has been reported to the police**

**You must send this information within 24 hours**

**Details of the victims of the alleged abuse:**

<b>Title</b>	<b>Name</b>	<b>Age</b>	<b>Date of Birth</b>	<b>Date service commenced</b>
			dd/mm/yy	dd/mm/yy
			dd/mm/yy	dd/mm/yy
			dd/mm/yy	dd/mm/yy
			dd/mm/yy	dd/mm/yy
			dd/mm/yy	dd/mm/yy
			dd/mm/yy	dd/mm/yy
			dd/mm/yy	dd/mm/yy
			dd/mm/yy	dd/mm/yy
			dd/mm/yy	dd/mm/yy
			dd/mm/yy	dd/mm/yy
			dd/mm/yy	dd/mm/yy

Continue in part 2 below or on additional numbered sheets as necessary

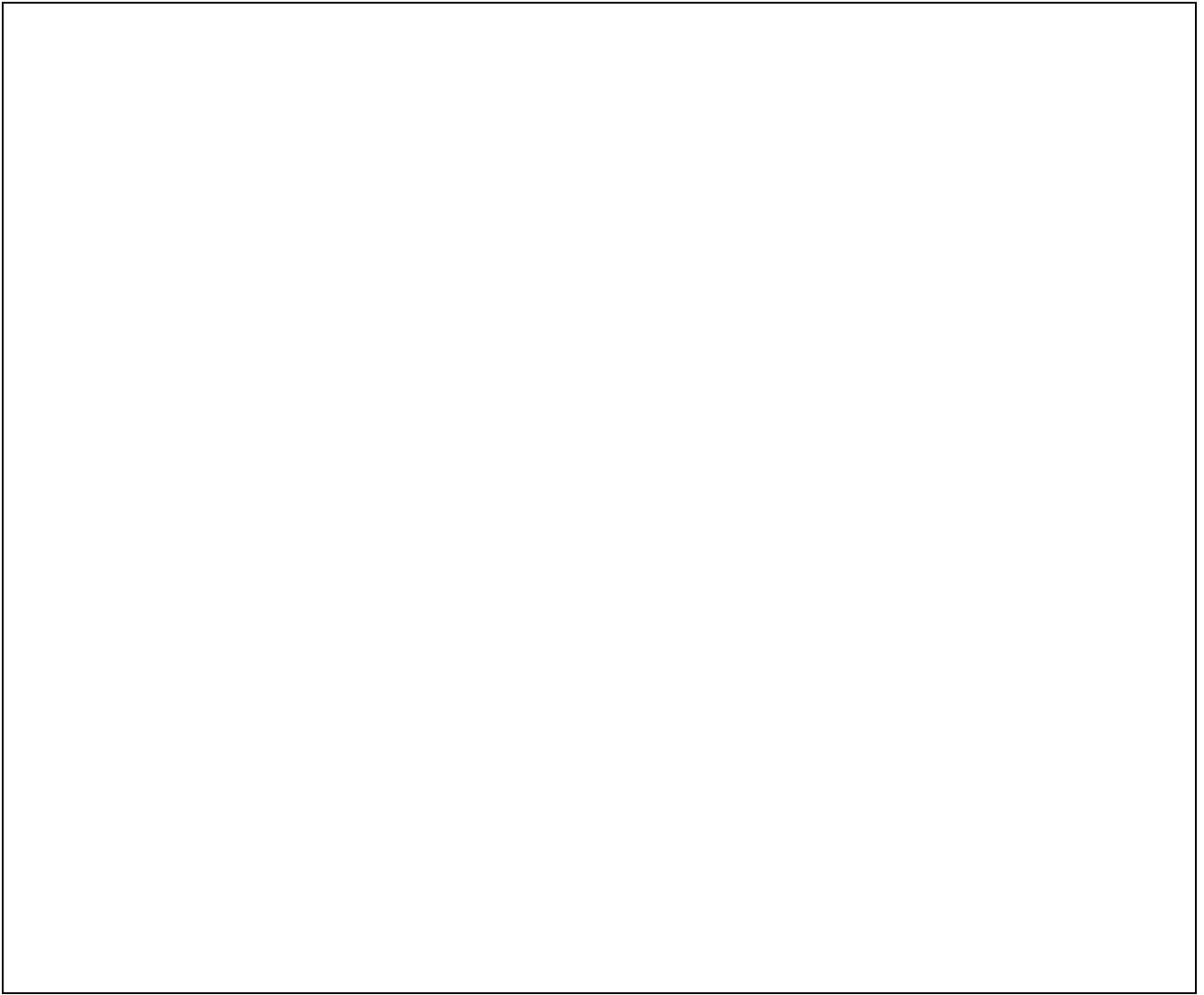
Type of abuse (tick all that apply)					
Physical abuse	<input type="checkbox"/>	Psychological abuse	<input type="checkbox"/>	Neglect	<input type="checkbox"/>
Sexual abuse	<input type="checkbox"/>	Financial/material	<input type="checkbox"/>	Discriminatory abuse	<input type="checkbox"/>

Alleged abuser(s) relationship with the person (tick all that apply)					
Care Worker employed at the home	<input type="checkbox"/>	Relative	<input type="checkbox"/>	Volunteer	<input type="checkbox"/>
Visiting care worker or professional	<input type="checkbox"/>	Friend	<input type="checkbox"/>	Other (specify)	<input type="checkbox"/>
Unknown	<input type="checkbox"/>				

Information about a safeguarding investigation			
Date allegation was reported to registered person:		Date allegation was reported to social services department / police:	
Date	dd/mm/yy	Date	dd/mm/yy

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**Part 2 Any further information**



Continue on additional numbered sheets if necessary (box will expand)