**Application form under the Human Tissue Act 2004 to vary a licence to replace the Individual Licence Holder (LH)**

Please complete this form if the Licence Holder is an individual person and you need to replace them with another individual person Licence Holder due to a change of circumstances, such as change of staff, retirement, ill health or long term suspension from duties.

If the Licence Holder is a corporate body, please complete the application form to replace the Corporate Licence Holder.

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

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| Licence number |  |
| Establishment name |  |
| Name of Designated Individual (DI) |  |
| Name of current Licence Holder (LH) |  |
| Date variation required from |  |

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| **To be completed by proposed Individual Licence Holder** |
| Title |  |
| Forenames |  |
| Surname |  |
| If you have been known by another name, please give details |  |
| Email |  |
| Telephone |  |
| Job title |  |
| Correspondence address, if different from licensed premises, including full postcode |  |
| Educational and/or professional qualifications |  |
| Membership of relevant professional bodies and registration numbers where applicable |  |
| Details of any other relevant experience, including managerial experience and training |  |
| Please explain the reason for the change of Licence Holder |  |
| Please explain why you think you are suitable to be the Licence Holder  |  |

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| **Declaration by proposed Licence Holder**Any person making an application should be aware that under paragraph 7(2)(d) and (g) of Schedule 3 of the Human Tissue Act 2004, the Human Tissue Authority may revoke a licence if it: (a) ceases to be satisfied that the person to whom the licence is granted is a suitable person to be the holder of the licence;(b**)** is satisfied that there has been a material change of circumstances since the licence was granted.I understand the terms and conditions under which a licence is granted and varied under the Human Tissue Act 2004 and confirm:a) The information provided is true and accurate. Yes [ ]  No [ ] b) The Designated Individual has consented to this Yes [ ]  No [ ] application. **Name: Date: DD/MM/YYYY** |