

OC2(IP)

INDEPENDENT PROVIDER DETAILS

This form may be used either to **apply** for an Independent Provider Code for an organisation (**complete PART 1 only**) or to **amend** an organisation's details (**complete PARTS 1 & 2**). An amendment usually refers to information on closures of organisations or informing of omissions from NACS publications.

Are you

a. applying for an Independent Provider Code?	
b. informing of amendments to an existing code?	

PART 1 – Organisation Details

Please tick appropriate box
PART 2 – New Details

Contact Name		
Organisation Code *****		
Address (home address if provider is a person)		
Postcode		
Organisation Open Date		
Is the organisation registered under Part II of the Care Standards Act 2000?	YES	
	NO	
Telephone Number		
Fax Number		

Contact Name		
Organisation Code *****		
Address (home address if provider is a person)		
Postcode		
Organisation Open Date		
Organisation Close Date		
Telephone Number		
Fax Number		

******* Please complete to avoid delay in processing this form. Note: Not applicable to new organisations**

Form sent in by:

Organisation Code	
Address	
Name of Applicant	
Telephone Number	
Date	

Please return this form to : NHS Connecting for Health,
National Administrative Codes Service,
Hexagon House, Pynes Hill, Rydon Lane,
Exeter, Devon, EX2 5SE

For NACS use only:	
Date Actioned	-----/-----/20-----
Actioned By	-----

If you have any problems completing this form, please phone our Helpdesk on 01392 251289 or fax NACS directly on 01392 687085.