**(Name of registered provider)** being the registered provider for **(name of designated centre + OSV number)** located at **(address of designated centre)**

Dear Chief Inspector,

I am aware that **(Name of individual/entity)** will be submitting an application to register as the registered provider of the above named centre and I have no objection to the Chief Inspector engaging with **(Name of individual/entity)** in order to progress this application.

I understand that until this process is complete that I remain as the registered provider with the associated legal responsibilities under the Health Act 2007, as amended.

Kind regards,

Authorised person on behalf of **(current registered provider entity)**