

Statement of purpose

Health and Social Care Act 2008

Part 1

**The provider's name, legal status, address
and other contact details**

Including address for service of notices and other documents

Please first read the guidance document *Statement of purpose: Guidance for providers*

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| <p>Statement of purpose, Part 1</p> <p>Health and Social Care Act 2008, Regulation 12, schedule 3</p> <p>The provider's business contact details, including address for service of notices and other documents, in accordance with Sections 93 and 94 of the Health and Social Care Act 2008</p> |
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| 1. Provider's name and legal status | | | | | | |
|-------------------------------------|-------------|--------------------------|-------------|--------------------------|--------------|-------------------------------------|
| Full name ¹ | Praxis Care | | | | | |
| CQC provider ID | 1-101667939 | | | | | |
| Legal status ¹ | Individual | <input type="checkbox"/> | Partnership | <input type="checkbox"/> | Organisation | <input checked="" type="checkbox"/> |

| 2. Provider's address, including for service of notices and other documents | |
|---|--|
| Business address ² | Unit 1, Chipstead Road, Erdington, |
| Town/city | Birmingham |
| County | |
| Post code | B23 5HB |
| Business telephone | 0121 3814116 |
| Electronic mail (email) ³ | Amandagrays@praxiscare.org.uk |

By submitting this statement of purpose you are confirming your willingness for CQC to use the **email address** supplied at Section 2 above for service of documents and for sending all other correspondence to you. Email ensures fast and efficient delivery of important information. If you do not want to receive documents by email please check or tick the box below. We will not share this email address with anyone else.

| | |
|--|--------------------------|
| I/we do NOT wish to receive notices and other documents from CQC by email | <input type="checkbox"/> |
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¹ Where the provider is a partnership please fill in the partnership's name at 'Full name' in Section 1 above. Where the partnership does not have a name, please fill in the names of all the partners at Section 3 below

² Where you do not agree to service of notices and other documents by email they will be sent by post to the business address shown in Section 2. This includes draft and final inspection reports. This postal business address will be included on the CQC website.

³ Where you agree to service of notices and other documents by email your copies will be sent to the email address shown in Section 2. This includes draft and final inspection reports.

Please note: CQC can deem notices sent to the email or postal address for service you supply in your statement of purpose as having been served as described in Sections 93 and 94 of the Health and Social Care Act 2008. The address supplied must therefore be accurate, up to date, and able to ensure prompt delivery of these important documents.

| 3. The full names of all the partners in a partnership | |
|---|--|
| Names: | <p>For Registered Manager: -</p> <p>Salma Jussab Email: georgiabrown@praxiscare.org.uk</p> <p>For Responsible Individual: -</p> <p>Amanda Gray Email: amandagrays@praxiscare.org.uk</p> <p>FOR Regional Director (ROI and UK): Lisa McIvor Email: lisamcivor@praxiscare.org.uk</p> <p>FOR CEO: -</p> <p>Carol Breen Email: carolbreen@praxiscare.ie</p> |