


Form NF36	Notification Change in the membership of a partnership (to be completed by the registered provider)	 Health Information and Quality Authority <small>An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte</small>
Name of centre:		
Centre ID provided by the Inspectorate (if known):		
Name of registered provider:		
Centre address:		
Telephone number:		
Fax number:		
Date form completed:		
Partnership details		
Partnership name:		
Partnership registration number (if any):		
Number of partners:		
Business/trading name:		

Address of registered or main office:	
Telephone number:	
Fax number:	
Email address:	
Name of person responsible for the application on behalf of the partnership:	
Partner details (please provide details for each new member of the partnership)	
Name:	
Address:	
Telephone number:	
Fax number:	
Email:	
Date of birth:	<p>__ / __ / __ DAY/MONTH/YEAR</p>

Please state your relationship with the person in charge	
Name:	
Address:	
Telephone number:	
Fax number:	
Email:	
Date of birth:	<p>__ / __ / __ DAY/MONTH/YEAR</p>
Please state your relationship with the person in charge	
Name:	
Address:	
Telephone number:	
Fax number:	

Email:	
Date of birth:	__ / __ / __ DAY/MONTH/YEAR
Please state your relationship with the person in charge	
Name:	
Address:	
Telephone number:	
Fax number:	
Email:	
Date of birth:	
Please state your relationship with the person in charge	
Name:	
Address:	
Telephone number:	
Fax number:	

Email:	
Date of birth:	
Please state your relationship with the person in charge	
Declaration	
The information I have provided in this application form is true to the best of my knowledge and belief. Notifications made on behalf of companies or other corporate bodies should be signed by a duly authorised person	
Signed:	
Name: (please print)	
Position:	
Date:	__ / __ / __ DAY/MONTH/YEAR

On completion of this form

Please return the completed signed form by email to notify@hiqa.ie

Alternatively you may post or fax it to your regional Health Information and Quality Authority office. You can find out the address and fax number of your regional office by checking the table below. Please mark faxes for the attention of 'Notifications section'.

Northern Regional Office
Health Information and Quality Authority
Social Services Inspectorate
Georges Court
Georges Lane
Smithfield
Dublin 7
Fax: 01 814 7499

Central Regional Office
Health Information and Quality Authority
Social Services Inspectorate
Georges Court
Georges Lane
Smithfield
Dublin 7
Fax: 01 814 7499

Southern Regional Office
Health Information and Quality Authority
Social Services Inspectorate
Unit 1301
City Gate
Mahon
Cork
Fax: 021 240 9600

Northern Regional Office covers the following HSE local health office areas:	Central Regional Office covers the following HSE local health office areas:	Southern Regional Office covers the following HSE local health office areas:
<ul style="list-style-type: none">○ Cavan/Monaghan○ Donegal○ Dublin North○ Dublin North Central○ Dublin North West○ Longford/Westmeath○ Louth○ Mayo○ Meath○ Roscommon○ Sligo/Leitrim	<ul style="list-style-type: none">○ Clare○ Dublin South City○ Dublin South East○ Dublin South West○ Dublin West○ Dun Laoghaire○ Galway○ Kildare/West Wicklow○ Laois/Offaly○ Tipperary North/East○ Limerick○ Wicklow	<ul style="list-style-type: none">○ Carlow/Kilkenny○ Cork North○ Cork North Lee○ Cork South Lee○ Cork West○ Kerry○ Limerick○ Tipperary South○ Waterford○ Wexford