


<b>Form NF38</b>	<b>Notification</b>  Change to the person responsible for the application on behalf of a partnership, company, unincorporated body or statutory body, a body established under the Health Acts 1947 to 2008 or a body established under the Health (Corporate Bodies) Act 1961 (to be completed by the registered provider)	 <b>Health Information and Quality Authority</b> <small>An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte</small>
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<b>Name of centre:</b>	
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<b>Centre ID provided by the Inspectorate (if known):</b>	
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<b>Name of registered provider:</b>	
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<b>Centre address:</b>	

<b>Telephone number:</b>	
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<b>Fax number:</b>	
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<b>Date form completed:</b>	_ _ / _ _ / _ _ DAY/MONTH/YEAR
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<b>Organisation Type</b>		
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<b>Tick the box beside the type of organisation you are/intend to operate as</b>	<input type="checkbox"/> Partnership	Please go to section 2
	<input type="checkbox"/> Private Limited Company	Please go to section 3
	<input type="checkbox"/> Unincorporated Body	Please go to section 4
	<input type="checkbox"/> Statutory body	Please go to section 5 and 6

**Section 2: Partnership Details**

(please provide relevant details only, you only need to complete details changed)

<b>Partnership name:</b>	
<b>Partnership registration number (if any):</b>	
<b>Number of partners:</b>	
<b>Business/trading name:</b>	
<b>Address of registered or main office:</b>	
<b>Telephone number:</b>	
<b>Fax number:</b>	
<b>Email address:</b>	
<b>Name of contact person:</b>	
<b>Have Garda vetting and reference checks been carried out to confirm suitability of all partners (please indicate YES/NO)</b>	
<b>New nominated partner responsible on behalf of the application</b>	
<b>Name:</b>	
<b>Address:</b>	
<b>Telephone number:</b>	
<b>Fax number:</b>	

<b>Email:</b>	
<b>Date of birth:</b>	<p style="text-align: center;">_ _ / _ _ / _ _ DAY/MONTH/YEAR</p>
<b>Section 3: Company details</b> (please provide relevant details only, you only need to complete details changed)	
<b>Name of company:</b>	
<b>Company registration number(if applicable):</b>	
<b>Address of main or registered office:</b>	
<b>Telephone number:</b>	
<b>Fax number:</b>	
<b>Email address:</b>	
<b>New nominated person responsible on behalf of the application</b>	
<b>Name:</b>	
<b>Address:</b>	
<b>Telephone number:</b>	
<b>Fax number:</b>	
<b>Email address:</b>	

<b>Date of birth:</b>	_ _ / _ _ / _ _ DAY/MONTH/YEAR
<b>Section 4: Unincorporated Body Details</b> (please provide relevant details only, you only need to complete details changed)	
<b>Name of Unincorporated Body:</b>	
<b>Address of main or registered office:</b>	
<b>Telephone number:</b>	
<b>Fax number:</b>	
<b>Email address:</b>	
<b>New nominated person responsible on behalf of the application</b>	
<b>Name:</b>	
<b>Address:</b>	
<b>Telephone number:</b>	
<b>Fax number:</b>	
<b>Email address:</b>	
<b>Date of birth:</b>	_ _ / _ _ / _ _ DAY/MONTH/YEAR

**Section 5: Statutory body details**

(please provide relevant details only, you only need to complete details changed)

<b>Name:</b>	
<b>Address of registered or main office:</b>	
<b>Telephone number:</b>	

**New nominated person responsible on behalf of the application details**

<b>Name:</b>	
<b>Address:</b>	
<b>Telephone number:</b>	
<b>Fax number:</b>	
<b>Email address:</b>	
<b>Date of birth:</b>	__ / __ / __ DAY/MONTH/YEAR

**Section 6: Involvement in other designated centres**

<b>Are you now, or have you ever been, involved in the management of another designated centre? (please indicate YES / NO)</b>	
<b>If you answered yes, please provide details below about the other designated centres you have been involved with. Please continue on a separate sheet if necessary.</b>	

<b>Current name of centre(s):</b>		
<b>Previous name of centre(s) if applicable:</b>		
<b>Have you ever been refused or had cancelled registration of a designated centre whilst involved in the management of that designated centre in the past? (Please indicate YES/NO).</b>		
<b>Address / contact details of the centre(s):</b>		
<b>Name of post / Description of duties / responsibilities:</b>		
<b>Additional Information Required</b>		
<ul style="list-style-type: none"> <li>• Proof of identity</li> <li>• Completed Garda Vetting form</li> </ul>		
<b>Declaration</b>		
<p><b>The information I have provided in this application form is true to the best of my knowledge and belief.</b></p> <p>Notifications made on behalf of companies or other corporate bodies should be signed by a duly authorised person</p>		
<b>Signed:</b>		
<b>Name:</b> (please print)		
<b>Position:</b>		
<b>Date:</b>	<p style="text-align: center;">_ _ / _ _ / _ _ DAY/MONTH/YEAR</p>	

**Please fill in the appropriate section below:**

**Declaration to be completed by person responsible on behalf of the PARTNERSHIP  
for the application**

*I declare that all partners in the partnership are fully informed and satisfied that I am the responsible person on behalf of the partnership for the application.*

<b>Signed (by the responsible partner)</b>	
<b>Date</b>	__ / __ / __ DAY/MONTH/YEAR
<b>Name (please print)</b>	
<b>Position in centre</b>	
<b>Name of centre (please print)</b>	

**Declaration to be completed by the director responsible on behalf of the COMPANY  
for the application**

*I declare that all directors in the company are fully informed and satisfied that I am the responsible person on behalf of the company for the application.*

<b>Signed (by the responsible partner)</b>	
<b>Date</b>	__ / __ / __ DAY/MONTH/YEAR
<b>Name (please print)</b>	
<b>Position in centre</b>	
<b>Name of centre (please print)</b>	

**Declaration to be completed by person responsible on behalf of the UNINCORPORATED BODY for the application**

*I declare that all members of the committee of management or other controlling authority are fully informed and satisfied that I am the responsible person on behalf of the unincorporated body for the application.*

<b>Signed (by the responsible partner)</b>	
<b>Date</b>	__ / __ / __ DAY/MONTH/YEAR
<b>Name (please print)</b>	
<b>Position in centre</b>	
<b>Name of centre (please print)</b>	

**Declaration to be completed by person responsible on behalf of the STATUTORY BODY for the application**

*I declare that the statutory body is fully informed and satisfied that I am the responsible person on behalf of the statutory body for the application.*

<b>Signed (by the responsible partner)</b>	
<b>Date</b>	__ / __ / __ DAY/MONTH/YEAR
<b>Name (please print)</b>	
<b>Position in centre</b>	
<b>Name of centre (please print)</b>	

## On completion of this form

Please return the completed signed form by email to [notify@hiqa.ie](mailto: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**

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