


NF05 * Form	Health Information and Quality Authority (HIQA) Unexplained absence of a resident from the designated centre [†]	 Health Information and Quality Authority <small>An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte</small>
------------------------------	---	--

Section 1. Centre details		For official use
Centre name		<input type="checkbox"/>
Centre ID (OSV)		<input type="checkbox"/>
Unit or ward name (if applicable)		<input type="checkbox"/>

Section 2. Resident's details		For official use
Resident's unique identifier [†]		<input type="checkbox"/>
Is this resident under the age of 18?	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
Describe the current status of the resident , such as physical or mental state:		<input type="checkbox"/>
Has the resident's care plan been updated?	Yes <input type="checkbox"/> No <input type="checkbox"/>	

* Please complete this form with HIQA's statutory notification guidance. You can download the guidance at www.hiqa.ie

[†] As defined in HIQA's statutory notification guidance.

Section 2. Resident's details		For official use
Has an NF05 form been submitted for this person in the past 12 months?	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
If yes , how many NF05 forms have been previously submitted?		<input type="checkbox"/>

Section 3. Circumstances of the resident's absence			For official use
Date of absence		Duration of absence (in hours)	<input type="checkbox"/>
Date reported		Time reported	<input type="checkbox"/>
What are the circumstances of the absence?			<input type="checkbox"/>
What immediate actions were taken to locate the person?			<input type="checkbox"/>

Section 4. Additional information	For official use
<p data-bbox="188 300 1206 394">Please state the measures that have been taken to reduce the risk of further unexplained absences occurring:</p> <div data-bbox="177 412 1331 875" style="border: 1px solid black; height: 200px;"></div>	<input data-bbox="1382 562 1417 600" type="checkbox"/>
<p data-bbox="188 889 1267 983">Please state if you have notified the resident's family of the absence and provide details:</p> <div data-bbox="177 1001 1331 1406" style="border: 1px solid black; height: 180px;"></div>	<input data-bbox="1382 1122 1417 1160" type="checkbox"/>
<p data-bbox="188 1420 1241 1514">Please state if you have notified An Garda Síochána of the absence and provide details:</p> <div data-bbox="177 1532 1331 1989" style="border: 1px solid black; height: 200px;"></div>	<input data-bbox="1382 1682 1417 1720" type="checkbox"/>

Section 5. Declaration		For official use
I, the undersigned, declare that the information I have provided in this notification form is true to the best of my knowledge and belief.		
Name (print)		<input type="checkbox"/>
Position	Person in charge <input type="checkbox"/>	<input type="checkbox"/>
	Authorised signatory for and on behalf of the registered provider <input type="checkbox"/>	
Signed		<input type="checkbox"/>
Date		<input type="checkbox"/>
Contact number (during office hours)		<input type="checkbox"/>

This form should be either:

- **emailed** to: notify@hiqa.ie or,
- **posted** to: Notifications Team, Regulatory Support Services, Health Information and Quality Authority, Dublin Regional Office, George's Court, George's Lane, Smithfield, Dublin 7, D07 E98Y.

Telephone no: (01) 814 7400

Email: notify@hiqa.ie