


NF08* Form	Health Information and Quality Authority Staff member is the subject of review by a professional body[†]	 Health Information and Quality Authority <small>An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte</small>
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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. Details of the review		For official use
What is the name of the professional body undertaking the review?		<input type="checkbox"/>
What is the nature of the incident under review?		<input type="checkbox"/>
Date of the review hearing (if known)	Not known <input type="checkbox"/>	<input type="checkbox"/>
Outcome of the review hearing (if known)	Not known <input type="checkbox"/>	<input type="checkbox"/>

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

[†] You are required to notify HIQA on any occasion where the registered provider becomes aware that a staff member is the subject of review by a professional body.

Section 2. Details of the review		For official use
What were the circumstances that led to a review of the professional body?		<input type="checkbox"/>

Section 3. Staff member subject to the review		For official use
What is the role of the staff member who is subject to the professional review?	Nursing staff <input type="checkbox"/>	<input type="checkbox"/>
	Social care worker <input type="checkbox"/>	
	Person in charge <input type="checkbox"/>	
	Person participating in management <input type="checkbox"/>	
	Administration staff <input type="checkbox"/>	
	Other <input type="checkbox"/>	
If you have ticked other , please provide details		<input type="checkbox"/>
Is the staff member currently reporting for duty?	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>

Section 4. Registered provider		For official use
What date was the review known to the registered provider?		<input type="checkbox"/>
How was the registered provider informed of the review?		<input type="checkbox"/>
Has an investigation been undertaken by the registered provider?	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
If yes , please provide details of the investigation:		<input type="checkbox"/>
Has the review impacted on the welfare of the residents?	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
If yes , please provide details of the measures that have been put in place to safeguard the residents		<input type="checkbox"/>

Section 4. Registered provider		For official use
Please include any additional information applicable to this notification:		<input 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