

Section 1. Designated centre details.		For official use
Centre name		<input type="checkbox"/>
Centre ID (OSV)		<input type="checkbox"/>
Registered provider name		<input type="checkbox"/>

Section 2. Person's details.		For official use
Please tick the relevant role for the person	Person in charge (PIC) <input type="checkbox"/>	<input type="checkbox"/>
	Person participating in management (PPIM) <input type="checkbox"/>	
Name (PIC or PPIM)		<input type="checkbox"/>
Please state the type of evidence of physical and mental fitness you obtained for this person. Tick one box and complete the relevant section.		
Section 3.	Medical certificate. <input type="checkbox"/>	<input type="checkbox"/>
Section 4.	Declaration of physical and mental fitness. <input type="checkbox"/>	

¹ Any fee payable in connection with this form should be discharged between the applicant and medical practitioner.

Section 3. Medical certificate.

This section should be completed if you **have** obtained a medical certificate for the person.

Please ensure you have ticked each of the following boxes as complete.	For official use
1. I have obtained a medical certificate stating this person is physically and mentally fit for the purpose of the work that they are to perform. <input type="checkbox"/>	<input type="checkbox"/>
2. I enclose a copy of the medical certificate with this form. <input type="checkbox"/>	
3. The medical certificate is dated within the last three months . <input type="checkbox"/>	

Section 4. Declaration of physical and mental fitness.

This section should be completed in the **absence of a medical certificate** or where it is **not practical** for this person to obtain evidence of physical and mental fitness.

Please ensure you have ticked each of the following boxes as complete.	For official use
1. I have obtained a signed declaration completed by the person named in section 2, stating they are physically and mentally fit for the purpose of the work that they are to perform. <input type="checkbox"/>	<input type="checkbox"/>
2. I enclose a copy of the declaration with this form. <input type="checkbox"/>	
3. The declaration is dated within the last three months . <input type="checkbox"/>	
4. I am satisfied the person named in section 2 is physically and mentally fit for the purpose of the work that they are to perform. <input type="checkbox"/>	

Section 5. Declaration by the registered provider		For official use
I, the undersigned, declare that the information I have provided in this form is true to the best of my knowledge and belief.		
Name (print)		<input type="checkbox"/>
Position	Director <input type="checkbox"/>	<input type="checkbox"/>
	Partner <input type="checkbox"/>	
	Individual/sole trader <input type="checkbox"/>	
	Manager, chairperson or member of the unincorporated body <input type="checkbox"/>	
	Person responsible on behalf of the statutory body <input type="checkbox"/>	
	Authorised person <input type="checkbox"/>	
Signed		<input type="checkbox"/>
Date		<input type="checkbox"/>
Contact number (during office hours)		<input type="checkbox"/>

Please return this form with your **registration pack** or **notification pack** to:

Registration Office
Regulatory Support Services
Health Information and Quality Authority
Unit 1301
City Gate
Mahon
Cork
T12 Y2XT

Telephone no: 021 240 9340

Email: registration@hiqa.ie