


NF30 Form	Health Information and Quality Authority Change, Absence or Return of the Person in Charge*	 Health Information and Quality Authority <small>An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte</small>
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Section 1. Designated centre details.		For official use
Centre name		<input type="checkbox"/>
Centre ID (OSV)		<input type="checkbox"/>
Registered provider name (such as company name)		<input type="checkbox"/>
Please state the reason for this notification. Please tick one box and complete the associated section.		
Section 2.	Change of person in charge. <input type="checkbox"/>	<input type="checkbox"/>
Section 3.	Absence[†] of person in charge for longer than 28 days . <input type="checkbox"/>	
Section 4.	Return of the person in charge following an absence. <input type="checkbox"/>	

Section 2. Change [†] of person in charge.		For official use
Name of the departing[†] person in charge.		<input type="checkbox"/>
Date the departing person will cease or has ceased to be in charge.		<input type="checkbox"/>

* This is a statutory notification as per the Health Act 2007 and regulations there under.

† This includes temporary leave.

Section 2. Change [†] of person in charge.			For official use
Has a new person been appointed to be in charge of the centre?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>
If you have ticked yes , please complete the following.			<input type="checkbox"/>
Name of the new person in charge.			
Date this person will commence the role of person in charge.			<input type="checkbox"/>
In addition to the NF30 form, please complete either: <ul style="list-style-type: none"> • Section 5: Prescribed information for the person in charge of a designated centre for persons with disabilities (DCD), or • Section 6: Prescribed information for the person in charge of a designated centre for older persons (DCOP). 			<input type="checkbox"/>
If you have ticked no , please state the following.			<input type="checkbox"/>
1. Why another person has not been appointed to the role of person in charge and, 2. The arrangements that you have put in place.			

Section 3. Absence of person in charge for longer than 28 days.			For official use
Name of the person in charge			<input type="checkbox"/>
Please state the type of absence	Planned absence	<input type="checkbox"/>	<input type="checkbox"/>
	Unexpected absence	<input type="checkbox"/>	
Start date of absence			<input type="checkbox"/>
Expected return date			<input type="checkbox"/>
What is the length or expected length of the absence?			<input type="checkbox"/>
Please state the reason for the absence	Annual leave	<input type="checkbox"/>	<input type="checkbox"/>
	Sick leave	<input type="checkbox"/>	
	Maternity leave	<input type="checkbox"/>	
	Parental leave	<input type="checkbox"/>	
	Other	<input type="checkbox"/>	
If you have ticked other , please provide details.			<input type="checkbox"/>
Has a new person been appointed to be in charge of the centre during the absence?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>
If you have ticked yes , please complete the following.			<input type="checkbox"/>
Name of the new person in charge.			
Date this person will commence the role of person in charge.			<input type="checkbox"/>

Section 3. Absence of person in charge for longer than 28 days.		For official use
<p>In addition to the NF30 form, please complete either:</p> <ul style="list-style-type: none"> • Section 5: Prescribed information for the person in charge of a designated centre for persons with disabilities (DCD), or • Section 6: Prescribed information for the person in charge of a designated centre for older persons (DCOP). 		<input type="checkbox"/>
If you have ticked no , please complete the following.		
Name of the person who is responsible during the absence		<input type="checkbox"/>
Contact number for the person responsible during the absence		<input type="checkbox"/>
Email address for the person responsible during the absence		<input type="checkbox"/>
Qualifications of the person responsible during the absence		<input type="checkbox"/>
Please state the reason why you have not appointed a new person to be in charge of the designated centre during the absence.		
		<input type="checkbox"/>

Section 4. Return of the person in charge following an absence		For official use
Name of the person in charge returning following an absence		<input type="checkbox"/>
Name of the person who was appointed during the absence.		<input type="checkbox"/>
Date of return of the absent person in charge		<input type="checkbox"/>

Section 5. Prescribed information for the person in charge (PIC) of a designated centre for persons with disabilities (DCD).

The following prescribed information for the PIC must accompany your application form, unless recently submitted.	Enclosed	Recently submitted
1. Personal information form. [♦]	<input type="checkbox"/>	N/A
2. Copy of current photo identification .	<input type="checkbox"/>	<input type="checkbox"/>
3. Copy of the person's birth certificate .	<input type="checkbox"/>	<input type="checkbox"/>
4. Copy of a current Garda vetting report for the person.	<input type="checkbox"/>	<input type="checkbox"/>
5. Copy of the person's relevant qualifications as identified in the personal information form.	<input type="checkbox"/>	<input type="checkbox"/>
6. Two HIQA reference forms, [♦] one form must be completed by the person's previous employer.	<input type="checkbox"/>	<input type="checkbox"/>
7. Medical declaration form. [♦]	<input type="checkbox"/>	<input type="checkbox"/>
If you have ticked " recently submitted ", please provide the centre name, centre ID (OSV), and date the documentation was submitted. Documents must be valid . ^{††}		

[♦] This form is enclosed with your notification pack (DCD).

^{††} Please read our guidance for an explanation of recently submitted and valid documentation.

Our guidance is available to download from our website's [registration resource centre](#).

Section 6. Prescribed information for the person in charge (PIC) of a designated centre for older persons (DCOP).

The following prescribed information for the PIC must accompany your notification form, unless recently submitted.	Enclosed	Recently submitted
1. Personal information form. [♦]	<input type="checkbox"/>	N/A
2. Copy of current photo identification .	<input type="checkbox"/>	<input type="checkbox"/>
3. Copy of a current Garda vetting report for the person.	<input type="checkbox"/>	<input type="checkbox"/>
4. Copy of the person's relevant qualifications as identified in the personal information form.	<input type="checkbox"/>	<input type="checkbox"/>

If you have ticked "**recently submitted**", please provide the centre name, centre ID (OSV), and date the documentation was submitted. Documents must be **valid**.[§]

[♦] This form is enclosed with your notification pack (DCOP).

[§] Please read our guidance for an explanation of recently submitted and valid documentation.

Our guidance is available to download from our website's [registration resource centre](#).

Section 7. Declaration by the registered provider		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	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"/>

The notification form and prescribed information (if applicable) should be posted 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@hqa.ie