

<b>NF31 Form</b>	Health Information and Quality Authority <b>Change of Person Participating in Management* (PPIM)</b>	 <b>Health Information and Quality Authority</b> <small>An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte</small>
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<b>Section 1. Centre details.</b>		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 <b>reason</b> for this notification.  Please <b>tick</b> the relevant box or boxes and complete the associated section(s).		
<b>Section 2.</b>	<b>Departing</b> person participating in management. <input type="checkbox"/>	<input type="checkbox"/>
<b>Section 3.</b>	<b>New</b> person participating in management. <input type="checkbox"/>	

<b>Section 2. Departing person participating in management.</b>		For official use
Name of the person participating in management ( <b>departing</b> )		<input type="checkbox"/>
<b>Date</b> the person will cease or has ceased their role		<input type="checkbox"/>

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

<b>Section 3. New person participating in management.</b>		For official use
<b>Name</b> of the new person participating in management		<input type="checkbox"/>
<b>Date</b> this person will commence the role		<input type="checkbox"/>
<p>In addition to the NF31 form, please complete either:</p> <ul style="list-style-type: none"> <li>▪ <b>Section 4:</b> Prescribed information for the person participating in management of a designated centre for persons with <b>disabilities</b> (DCD), or</li> <li>▪ <b>Section 5:</b> Prescribed information for the person participating in management of a designated centre for <b>older persons</b> (DCOP).</li> </ul>		<input type="checkbox"/>

**Section 4. Prescribed information for a person participating in management (PPIM) of a designated centre for persons with disabilities (DCD).**

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

<sup>◇</sup> This form is enclosed with your notification pack (DCD).

<sup>§§</sup> 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 5. Prescribed information for a person participating in management (PPIM) of a designated centre for older persons (DCOP).**

The following prescribed information for the PPIM <b>must</b> accompany your notification form, unless recently submitted.	Enclosed	Recently submitted
1. <b>Personal</b> information form.♦	<input type="checkbox"/>	N/A
2. Copy of current <b>photo identification</b> .	<input type="checkbox"/>	<input type="checkbox"/>
3. Copy of a current Garda <b>vetting report</b> for the person.	<input type="checkbox"/>	<input type="checkbox"/>
4. Copy of the person's <b>relevant qualifications</b> 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 6. 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"/>
	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@hiqa.ie](mailto:registration@hiqa.ie)