

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

Section 2. Person's details.		For official use
Please tick the relevant role	Person in charge (PIC) <input type="checkbox"/>	<input type="checkbox"/>
	Person participating in management (PPIM) <input type="checkbox"/>	
Name (PIC/PPIM)		<input type="checkbox"/>
How does this person know the referee?		<input type="checkbox"/>

<sup>1</sup> This form must be completed by the referee in respect of the PIC or PPIM. The referee should be a person in a **professional** capacity, who can attest to the suitability of the person being in charge or participating in management of a designated centre. The referee **cannot** be a friend, relative, resident, or relative of residents.

Section 3. Referee details.		For official use
Name of referee		<input type="checkbox"/>
Occupation		<input type="checkbox"/>
Contact number (during office hours)		<input type="checkbox"/>
Business email address		<input type="checkbox"/>
Type of reference being provided	Previous employer reference <input type="checkbox"/> Professional character reference <input type="checkbox"/>	<input type="checkbox"/>
How long have you known this person?		
Have you previously worked together?	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
If <b>yes</b> , please provide details, including the name of the place where you both worked and your roles.		

## Section 4. Attributes.<sup>2</sup>

Please rate this person in the role of person in charge or a person participating in management based on the following attributes.

Please state your score on a scale of <b>0 to 4</b> as provided.					For Official use
<b>0</b> = I did not work with this person in this capacity  <b>1</b> = Poor <b>2</b> = Fair <b>3</b> = Good <b>4</b> = Excellent					
Attribute 1: Integrity and good character					<input type="checkbox"/>
0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	
Attribute 2: Competent and capable in their role					<input type="checkbox"/>
0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	
Attribute 3: Demonstrated participation in management and governance					<input type="checkbox"/>
0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	
Attribute 4: Demonstrated a delivery of a high-quality, safe and reliable service					<input type="checkbox"/>
0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	

<sup>2</sup> The Authority is required to assess the fitness of the person in charge and persons participating in management of a designated centre.

Section 5. Other information.		For official use
Have you any reason to be concerned about this person having access to vulnerable adults or children?	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
If <b>yes</b> , please provide details:		<input type="checkbox"/>
Do you wish to bring any other information about this person to the attention of HIQA?	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
If <b>yes</b> , please provide details:		<input type="checkbox"/>

Section 6. Declaration by referee.		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 (please print)		<input type="checkbox"/>
Signed		<input type="checkbox"/>
Date		<input type="checkbox"/>
Please note, a copy of this reference may be requested, by the person named in this reference, under the Freedom of Information Act. Should this occur, you will be contacted prior to any decision to disclose or release the information provided in this reference form.		

Please return the completed and signed reference form to the following address:

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)