


NF31 Form	Health Information and Quality Authority Change of Person Participating in Management* (PPIM)	 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"/>
Registered Provider name (such as company name)		<input type="checkbox"/>
Please state the reason for this notification. Please tick the relevant box or boxes and complete the associated section(s).		
Section 2.	Departing person participating in management. <input type="checkbox"/>	<input type="checkbox"/>
Section 3.	New person participating in management. <input type="checkbox"/>	<input type="checkbox"/>

Section 2. Departing person participating in management.		For official use
Name of the person participating in management (departing)		<input type="checkbox"/>
Date 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.

Section 3. New person participating in management.		For official use
Name of the new person participating in management		<input type="checkbox"/>
Date 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"> ▪ Section 4: Prescribed information for the person participating in management of a designated centre for persons with disabilities (DCD), or ▪ Section 5: Prescribed information for the person participating in management of a designated centre for older persons (DCOP). 		<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 [◇] for each PPIM 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"/>
<p>If you have ticked "recently submitted", please provide the centre name, centre ID (OSV), and date the documentation was submitted. Documents must be valid.^{§§}</p>		

[◇] 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 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 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"/>
<p>If you have ticked "recently submitted", please provide the centre name, centre ID (OSV), and date the documentation was submitted. Documents must be valid.[‡]</p>		

[♦] 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"/>	<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