

Health Information and Quality Authority

**Personal Information Form<sup>1</sup>**



**Section 1. Designated centre details.**

For  
official  
use

Centre name

☐

Centre ID (OSV)

☐

**Section 2. Contact details for the person.**

For  
official  
use

Please tick the relevant  
role

Person in charge (PIC)

☐

Person participating in management (PPIM)

☐☐

Title

Ms ☐ Miss ☐ Mrs ☐ Mr ☐ Other ☐ \_\_\_\_

☐

First name

☐

Surname

☐

Job title

☐

Start date  
(current role)

☐

<sup>1</sup> This form should be completed by the registered provider in respect of the person in charge and each person participating in management at the designated centre. Please enclose this form with your **registration pack** or **notification pack**, as applicable.

Section 2. Contact details for the person.		For official use
Business phone number		<input type="checkbox"/>
Business mobile number (optional)		<input type="checkbox"/>
Business email address		<input type="checkbox"/>

Section 3. Registration with a professional regulatory body.			For official use
Professional body	Registration number	Registration status	
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

Section 4. Qualifications. Please list <b>relevant</b> qualifications or accredited training for the person.			For official use
Name of qualification	Name of awarding body	Date of award	
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

Section 5. Employment history.				For official use
Please provide a <b>full</b> employment history, together with a satisfactory history of any gaps in employment, starting with the person's current role.				
Start and end date	Employer/ organisation name and address	Job title and position details	Reason for leaving	
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

Section 5. Employment history.				For official use
Please provide a <b>full</b> employment history, together with a satisfactory history of any gaps in employment, starting with the person's current role.				
Start and end date	Employer/ organisation name and address	Job title and position details	Reason for leaving	
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

Section 5. Employment history.				For official use
Please provide a <b>full</b> employment history, together with a satisfactory history of any gaps in employment, starting with the person's current role.				
Start and end date	Employer/ organisation name and address	Job title and position details	Reason for leaving	
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

Please continue on a separate photocopy of this section, if necessary.

Section 6. Verification of previous employment.		For official use
Has this person ever worked with vulnerable adults or children in a previous role?	Yes <input type="checkbox"/> Please go to subsection 6.1	<input type="checkbox"/>
	No <input type="checkbox"/> Please go to section 7.	

Subsection 6.1		For official use
Have you verified the reason why the employment or position(s) has ended for each period of employment?	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
If you ticked <b>no</b> , please provide details of why you have <b>not verified</b> the reason the person's employment or position(s) ended.		<input type="checkbox"/>
If you ticked <b>yes</b> , are you satisfied with the reasons given for why the employment or position ended?	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
If <b>no</b> , please provide details of why you are <b>not satisfied</b> with the reasons given for why the person's employment or position(s) ended.		<input type="checkbox"/>

Section 7. 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@hqa.ie](mailto:registration@hqa.ie)