

NF37 Form	Health Information and Quality Authority Changes to the Unincorporated Body and or Contact Information.	 Health Information and Quality Authority <small>An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte</small>
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Section 1. Unincorporated Body details.		For official use
Unincorporated body name (registered provider)		<input type="checkbox"/>
Please state the reason for this notification by ticking the relevant box or boxes and completing the associated section.		
Section 2.	Change to the manager or chairperson of the unincorporated body. <input type="checkbox"/>	
Section 3.	Change to the membership* of the unincorporated body. <input type="checkbox"/>	<input type="checkbox"/>
Section 4.	Change to the unincorporated body contact information. <input type="checkbox"/>	

*Member or members of the committee of management or other controlling authority of body.

Section 2. Change to the manager or chairperson of the unincorporated body.			For official use
Please state the type of change by ticking the relevant box or boxes	New manager or chairperson <input type="checkbox"/>		<input type="checkbox"/>
	Departing manager or chairperson <input type="checkbox"/>		
Name of the departing manager or chairperson (if applicable)			<input type="checkbox"/>
Name of the new manager or chairperson.	Title	First name	<input type="checkbox"/>
Business address of the new manager or chairperson			<input type="checkbox"/>
Eircode			<input type="checkbox"/>
Business phone number of the manager or chairperson			<input type="checkbox"/>
Business mobile number (optional)			<input type="checkbox"/>
Business email address of the manager or chairperson			<input type="checkbox"/>
Please state the date the change will take effect			<input type="checkbox"/>

Section 3. Change to the membership of the unincorporated body.		For official use
Please confirm the unincorporated body has not been dissolved [†] by ticking the box provided.		<input type="checkbox"/>
Please state the type of change by ticking the relevant box or boxes.	New member	<input type="checkbox"/>
	Departing member	<input type="checkbox"/>
Please state the date the change will take effect.		<input type="checkbox"/>

Section 3.1 New member.			For official use
Please state the name of the new member or members (if applicable).			
Title	First name	Surname	
			<input type="checkbox"/>

[†] If the unincorporated body, that is to say the registered provider, has been dissolved, the new unincorporated body must **apply to register** the designated centre via an application to register. It is an offence to carry on the business of the designated centre unless the new unincorporated body is the registered provider.

Section 3.2 Departing member. Please state the name of the departing member or members (if applicable).			For official use
Title	First name	Surname	<input type="checkbox"/>

Please continue on a separate copy of this page, if necessary.

Section 4. Changes of unincorporated body contact information.

Please state the change by ticking the relevant box or boxes and entering the new contact details.

For
official
use

Please tick ✓	Type of change	New contact information	
<input type="checkbox"/>	Unincorporated body name		<input type="checkbox"/>
<input type="checkbox"/>	Address of the registered offices of the unincorporated body		<input type="checkbox"/>
	Eircode		
<input type="checkbox"/>	Phone number of the registered office of the unincorporated body		<input type="checkbox"/>
<input type="checkbox"/>	Email address		<input type="checkbox"/>
Please state the date the change will take effect			<input type="checkbox"/>

Section 5. 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	Manager or chairperson of the unincorporated body <input type="checkbox"/>	
	Member of the unincorporated body committee of management or controlling body <input type="checkbox"/>	<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 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