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| NF37 Form | Health Information and Quality Authority Changes to the Unincorporated Body and or Contact Information. |  |
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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. | | <input type="checkbox"/> |
| 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"/> | |
| 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 | Surname | <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"/> | <input type="checkbox"/> |
| Please state the type of change by ticking the relevant box or boxes. | New member <input type="checkbox"/> | <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"/> |
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[†] 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"/> |
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Please continue on a separate copy of this page, if necessary.

| Section 4. Changes of unincorporated body contact information. | | | For official use |
|--|--|-------------------------|--------------------------|
| Please state the change by ticking the relevant box or boxes and entering the new contact details. | | | |
| 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"/> | <input type="checkbox"/> |
| | Member of the unincorporated body committee of management or controlling 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 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