


<b>NF05*</b> <b>Form</b> <b>DCSC</b>	Health Information and Quality Authority <b>Designated Centre – Special Care Unit (DCSC)</b> Where a resident is removed, absconds, fails to return, is prevented from returning, is missing, or is otherwise absent <sup>†</sup>	 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"/>
Unit or ward name (if applicable)		<input type="checkbox"/>

Section 2. Resident's details		For official use
Resident's unique identifier <sup>†</sup>		<input type="checkbox"/>
Describe the current <b>status of the resident</b> , such as physical or mental state:		<input type="checkbox"/>

\* Please complete this form with HIQA's statutory notification guidance. You can download the guidance at [www.hiqa.ie](http://www.hiqa.ie)

<sup>†</sup> As defined in HIQA's statutory notification guidance

Section 2. Resident's details		For official use
Has the resident's <b>special care programme</b> been updated?	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
Has an NF05 form been submitted for this person in the past 12 months?	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
If <b>yes</b> , how many NF05 forms have been previously submitted?		<input type="checkbox"/>

Section 3. Circumstances where a resident is removed, absconds, fails to return, is prevented from returning, is missing, or is otherwise absent			For official use
<b>Date</b> of absence		<b>Duration</b> of absence (in hours)	<input type="checkbox"/>
Date <b>reported</b>		Time <b>reported</b>	<input type="checkbox"/>
What are the <b>circumstances</b> of the resident's absence?	Removed	<input type="checkbox"/>	<input type="checkbox"/>
	Absconded	<input type="checkbox"/>	
	Failed to return	<input type="checkbox"/>	
	Is prevented from returning	<input type="checkbox"/>	
	Otherwise absent	<input type="checkbox"/>	
If you have ticked <b>Otherwise absent</b> , please provide details:			<input type="checkbox"/>
Please provide details of the absence and the <b>immediate actions</b> taken:			<input type="checkbox"/>
			<input type="checkbox"/>

Section 4. Additional information		For official use
Please state <b>who</b> you have notified of the incident.	Family <input type="checkbox"/>	<input type="checkbox"/>
	Social Worker <input type="checkbox"/>	
	Monitoring officer <input type="checkbox"/>	
	GAL (Guardian Ad Litem) <input type="checkbox"/>	
	Solicitor <input type="checkbox"/>	
	An Garda Siochana <input type="checkbox"/>	
	Other <input type="checkbox"/>	
If you have ticked <b>other</b> , please provide details:		<input type="checkbox"/>

Section 5. Declaration		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	Person in charge	<input type="checkbox"/>
	Authorised signatory for and on behalf of the registered provider	<input type="checkbox"/>
Signed		<input type="checkbox"/>
Date		<input type="checkbox"/>
Contact number (during office hours)		<input type="checkbox"/>

This form should be either:

- **emailed** to: [notify@hiqa.ie](mailto:notify@hiqa.ie) or,
- **posted** to: Notifications Team, Regulatory Support Services, Health Information and Quality Authority, Dublin Regional Office, George's Court, George's Lane, Smithfield, Dublin 7, D07 E98Y.

Telephone no: (01) 814 7400

Email: [notify@hiqa.ie](mailto:notify@hiqa.ie)