


<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 An tÚdarás Um Fhaisnéis agus Cálíocht Sláinte
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Section 1. Centre details	
Centre name	
Centre ID (OSV)	
Unit or ward name (if applicable)	

Section 2. Resident's details	
Resident's unique identifier <sup>†</sup>	
Describe the current <b>status of the resident</b> , such as physical or mental state:	
Has the resident's <b>special care programme</b> been updated?	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

## Section 2. Resident's details

Has an NF05 form been submitted for this person in the past 12 months?

Yes  No

If **yes**, how many NF05 forms have been previously submitted?

## Section 3. Circumstances where a resident is removed, absconds, fails to return, is prevented from returning, is missing, or is otherwise absent

Date of absence		Duration of absence (in hours)	
Date reported		Time reported	
What are the <b>circumstances</b> of the resident's absence?	Removed	<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:			
What <b>immediate actions</b> were taken?			
(Empty space for reporting immediate actions)			

## Section 4. Additional information

Please state **who** you have notified of the incident.

- |                         |                          |
|-------------------------|--------------------------|
| Family                  | <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 **other**, please provide details:

## Section 5. Declaration

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)	
Position	Person in charge <input type="checkbox"/> Other <input type="checkbox"/>
If you ticked <b>other</b> , please specify your role in the designated centre	
Signed	
Date	
Contact number (during office hours)	

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)