


NF06* Form DCSC	Health Information and Quality Authority Designated Centre – Special Care Unit (DCSC) Allegation, suspected or confirmed, of abuse to a resident [†]	 Health Information and Quality Authority <small>An tÚdarás Um Fhaisnéis agus Cailíocht Sláinte</small>
--	--	--

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
Residents unique identifier [†]		<input type="checkbox"/>
Describe the current status of the resident , 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.higa.ie

[†] As defined in HIQA's statutory notification guidance

Section 2. Resident's details		For official use
Has an NF06 form been submitted for this person in the past 12 months?	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
If yes , how many NF06 forms have been previously submitted?		<input type="checkbox"/>

Section 3. Details of the allegation			For official use
Date of alleged abuse		Time of alleged abuse	<input type="checkbox"/>
Please state the name of the person who reported the alleged abuse: (Please leave blank if reported by the resident)			<input type="checkbox"/>
Date allegation was reported		Time allegation was reported	<input type="checkbox"/>
Who was the allegation reported to?			<input type="checkbox"/>
What type of abuse has been alleged? Please tick the relevant box or boxes	Physical	<input type="checkbox"/>	<input type="checkbox"/>
	Sexual	<input type="checkbox"/>	
	Psychological/emotional	<input type="checkbox"/>	
	Financial or material	<input type="checkbox"/>	
	Neglect	<input type="checkbox"/>	
	An act of omission	<input type="checkbox"/>	
	Discriminatory	<input type="checkbox"/>	
	Institutional violence	<input type="checkbox"/>	
Violation of personal integrity	<input type="checkbox"/>		
Other	<input type="checkbox"/>		

Section 3. Details of the allegation		For official use
If you have ticked other , please provide details:		<input type="checkbox"/>
Who is the person alleged to have abused the resident? Please tick the relevant box or boxes	Care staff <input type="checkbox"/>	
	Administrative staff <input type="checkbox"/>	
	Visiting consultant <input type="checkbox"/>	
	Other professional <input type="checkbox"/>	
	Relative <input type="checkbox"/>	
	Friend <input type="checkbox"/>	
	Volunteer <input type="checkbox"/>	
	Unknown <input type="checkbox"/>	
Other <input type="checkbox"/>		
If you have ticked other , please provide details:		<input type="checkbox"/>
If you have identified a staff member , is the employee currently reporting for duty?	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
Please provide details of alleged abuse and immediate actions taken including: <ol style="list-style-type: none"> actions taken with the resident actions taken with the person the allegation has been made against. 		

Section 3. Details of the allegation	For official use
	<input type="checkbox"/>

Section 4. Additional information		For official use												
Please state the measures you have taken to ensure that all residents are safe:														
		<input type="checkbox"/>												
Please state who you have notified of the alleged abuse and provide details:	<table border="0"> <tr> <td>Family</td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> <tr> <td>Social worker</td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> <tr> <td>Monitoring officer</td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> <tr> <td>Guardian Ad Litem</td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> <tr> <td>Solicitor</td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> <tr> <td>An Garda Siochana</td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> </table>	Family	<input type="checkbox"/>	Social worker	<input type="checkbox"/>	Monitoring officer	<input type="checkbox"/>	Guardian Ad Litem	<input type="checkbox"/>	Solicitor	<input type="checkbox"/>	An Garda Siochana	<input type="checkbox"/>	<input type="checkbox"/>
Family	<input type="checkbox"/>													
Social worker	<input type="checkbox"/>													
Monitoring officer	<input type="checkbox"/>													
Guardian Ad Litem	<input type="checkbox"/>													
Solicitor	<input type="checkbox"/>													
An Garda Siochana	<input type="checkbox"/>													
Please provide details:		<input type="checkbox"/>												

Section 5. Follow up documentation

If requested please submit a copy of the outcome of the investigation with the status of actions or recommendations to the Office of the Chief Inspector within **20 days** of the request.

Section 6. 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 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