


<b>NF06*</b> <b>Form</b> <b>DCSC</b>	Health Information and Quality Authority <b>Designated Centre – Special Care Unit (DCSC)</b> Allegation, suspected or confirmed, of abuse to a resident†	 <p>Health Information and Quality Authority          An tÚdarás Um Fhaisnéis agus Cailíocht Sláinte</p>
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Section 1. Centre details	
Centre name	
Centre ID (OSV)	
Unit or ward name (if applicable)	

Section 2. Resident's details	
Residents unique identifier†	
Describe the current <b>status of the resident</b> , such as physical or mental state:	
Has an NF06 form been submitted for this person in the past 12 months?	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.hiqa.ie](http://www.hiqa.ie)

† As defined in HIQA's statutory notification guidance

## Section 2. Resident's details

If **yes**, how many NF06 forms have been previously submitted?

## Section 3. Details of the allegation

**Date** of alleged abuse

**Time** of alleged abuse

Who **reported** the alleged abuse? Please select one of the following options:

Staff  Child  Relative  Visitor  Other

**Date allegation** was reported

**Time allegation** was reported

**Role** of the person who the allegation was reported to?

What **type** of abuse has been alleged?  
Please tick the relevant box or boxes

- Physical
- Sexual
- Psychological/emotional
- Financial or material
- Neglect
- An act of omission
- Discriminatory
- Institutional violence
- Violation of personal integrity
- Other

If you have ticked **other**, please provide details:

### Section 3. Details of the allegation

**Who** is the person alleged to have abused the resident?  
Please tick the relevant box or boxes

- Care staff
- Administrative staff
- Visiting consultant
- Other professional
- Relative
- Friend
- Volunteer
- Unknown
- Other

If you have ticked **other**, please provide details:

If you have identified a **staff member**, is the employee currently reporting for duty?

Yes  No

Please **provide details** of alleged abuse and immediate actions taken including:

1. actions taken with the **resident**
2. actions taken with the **person** the allegation has been made against.

## Section 4. Additional information

Please state the measures you have taken to ensure that **all** residents are safe:

Please state who you have notified of the alleged abuse and provide details:

- |                    |                          |
|--------------------|--------------------------|
| 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:

## Section 6. 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)