


<b>NF08* Form</b>	Health Information and Quality Authority <b>Staff member is the subject of review by a professional body<sup>†</sup></b>	 <b>Health Information and Quality Authority</b> <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. Details of the review		For official use
What is the name of the <b>professional body</b> undertaking the review?		<input type="checkbox"/>
What is the nature of the <b>incident</b> under review?		<input type="checkbox"/>
<b>Date</b> of the review hearing (if known)	Not known <input type="checkbox"/>	<input type="checkbox"/>
<b>Outcome</b> of the review hearing (if known)	Not known <input type="checkbox"/>	<input type="checkbox"/>

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

<sup>†</sup> You are required to notify the Authority on any occasion where the registered provider becomes aware that a staff member is the subject of review by a professional body.

Section 2. Details of the review		For official use
What were the <b>circumstances</b> that led to a review of the professional body?		<input type="checkbox"/>

Section 3. Staff member subject to the review		For official use
What is the <b>role</b> of the staff member who is subject to the professional review?	Nursing staff <input type="checkbox"/>	<input type="checkbox"/>
	Social care worker <input type="checkbox"/>	
	Person in charge <input type="checkbox"/>	
	Person participating in management <input type="checkbox"/>	
	Administration staff <input type="checkbox"/>	
	Other <input type="checkbox"/>	
If you have ticked <b>other</b> , please provide details		<input type="checkbox"/>
Is the <b>staff member</b> currently reporting for duty?	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>

Section 4. Registered provider		For official use
What <b>date</b> was the review known to the registered provider?		<input type="checkbox"/>
<b>How</b> was the registered provider informed of the review?		<input type="checkbox"/>
Has an <b>investigation</b> been undertaken by the registered provider?	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
If <b>yes</b> , please provide details of the investigation:		<input type="checkbox"/>
Has the review impacted on the welfare of the residents?	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
If <b>yes</b> , please provide details of the measures that have been put in place to safeguard the residents		<input type="checkbox"/>

Section 4. Registered provider		For official use
Please include any <b>additional information</b> applicable to this notification:		<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 person <input type="checkbox"/>	<input type="checkbox"/>
Signed		<input type="checkbox"/>
Date		<input type="checkbox"/>
Contact number (during office hours)		<input type="checkbox"/>

Please return the completed, signed form by email to [notify@hiqa.ie](mailto:notify@hiqa.ie) or by post to:

Notifications Team

Health Information and Quality Authority

Dublin Regional Office

George's Court

George's Lane

Smithfield

Dublin 7

Tel: 01 814 7400