


NF08* Form DCSC	Health Information and Quality Authority Designated Centre – Special Care Unit (DCSC) Staff member is the subject of review by a professional body[†]	 <p>Health Information and Quality Authority An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte</p>
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Section 1. Centre details	
Centre name	
Centre ID (OSV)	
Unit or ward name (if applicable)	

Section 2. Details of the review	
What is the name of the professional body undertaking the review?	
What is the nature of the incident under review?	
Date of the review hearing (if known)	Not known <input type="checkbox"/>
Outcome of the review hearing (if known)	Not known <input type="checkbox"/>

* Please complete this form using HIQA's statutory notification guidance. You can download the guidance at www.higa.ie

[†] You are required to notify HIQA 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

What were the **circumstances** that led to a review of the professional body?

Section 3. Staff member subject to the review

What is the **role** of the staff member who is subject to the professional review?

Nursing staff

Social care worker

Person in charge

Person participating in management

Administration staff

Other

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

Is the **staff member** currently reporting for duty?

Yes No

Section 4. Registered provider

What **date** was the review known to the registered provider?

How was the registered provider informed of the review?

Has an **investigation** been undertaken by the registered provider?

Yes No

If **yes**, please provide details of the investigation:

Has the review impacted on the welfare of the residents?

Yes No

If **yes**, please provide details of the measures that have been put in place to safeguard the residents

Section 4. Registered provider

Please include any **additional information** applicable to this notification:

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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 other , 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 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