


<b>NF30A</b> <b>Form</b>	Health Information and Quality Authority <b>Change of Person in Charge*</b>	 <b>Health Information and Quality Authority</b> <small>An tÚdarás Um Fhaisnéis agus Cálíocht Sláinte</small>
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<b>Section 1. Designated centre details</b>		For official use
Centre name		<input type="checkbox"/>
Centre ID (OSV)		<input type="checkbox"/>
Registered provider name (such as company name)		<input type="checkbox"/>
Do you currently have an <b>open application to register or renew</b> the registration of the designated centre?	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
If you answered <b>yes</b> , do you want to update the open application with the information provided on this form?	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>

<b>Section 2. Change<sup>†</sup> of person in charge</b>		For official use
Name of the <b>departing<sup>†</sup></b> person in charge		<input type="checkbox"/>
<b>Date</b> the departing person will cease or has ceased to be in charge		<input type="checkbox"/>
Has a new person been appointed to be in charge of the centre?	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>

<sup>†</sup> This is a statutory notification as per the Health Act 2007 and regulations thereunder.

<b>Section 3. Appointment of new<sup>†</sup> person in charge</b>		For official use
If you have ticked <b>yes</b> to the appointment of a new person in charge, please complete the following:		
<b>Name</b> of the new person in charge.		<input type="checkbox"/>
<b>Date</b> this person will commence the role of person in charge.		<input type="checkbox"/>
<p>In addition to the NF30 form, please complete either:</p> <ul style="list-style-type: none"> <li>• <b>Section 5:</b> Prescribed information for the person in charge of a designated centre for persons with <b>disabilities</b> (DCD), or</li> <li>• <b>Section 6:</b> Prescribed information for the person in charge of a designated centre for <b>older persons</b> (DCOP), or</li> <li>• <b>Section 7:</b> Prescribed information for the person in charge of a designated centre - <b>special care units</b> (DCSC)</li> </ul>		<input type="checkbox"/>

<b>Section 4. No new person in charge appointed</b>		For official use
If you have ticked <b>no</b> to the appointment of a new person in charge, please state the following in the box below:		
<ol style="list-style-type: none"> <li>1. <b>Why</b> another person has not been appointed to the role of person in charge and,</li> <li>2. The <b>arrangements</b> that you have put in place.</li> </ol>		

## Section 5. Prescribed information for the person in charge (PIC) of a designated centre for persons with disabilities (DCD)

The following prescribed information for the PIC <b>must</b> accompany your notification form, unless recently submitted.	Enclosed	Recently submitted
1. <b>Personal</b> information form	<input type="checkbox"/>	N/A
2. Copy of current <b>photo identification</b>	<input type="checkbox"/>	<input type="checkbox"/>
3. Copy of a current Garda <b>vetting report</b> for the person	<input type="checkbox"/>	<input type="checkbox"/>
4. Copy of the person's <b>relevant qualifications</b> as identified in the personal information form	<input type="checkbox"/>	<input type="checkbox"/>
5. Two HIQA <b>reference</b> forms, one form must be completed by the person's previous employer	<input type="checkbox"/>	<input type="checkbox"/>
6. <b>Medical</b> declaration form	<input type="checkbox"/>	<input type="checkbox"/>
7. <b>Copy</b> of birth certificate	<input type="checkbox"/>	<input type="checkbox"/>
If you have ticked " <b>recently submitted</b> ", please provide the centre name, centre ID (OSV), and date the documentation was submitted. All documents must be <b>valid.</b> <sup>†</sup>		

<sup>†</sup> Please read our **guidance** for an explanation of recently submitted and valid documentation. Our guidance is available to download from our website [www.hiqa.ie](http://www.hiqa.ie)

## Section 6. Prescribed information for the person in charge (PIC) of a designated centre for older persons (DCOP)

The following prescribed information for the PIC <b>must</b> accompany your notification form, unless recently submitted.	Enclosed	Recently submitted
1. <b>Personal</b> information form	<input type="checkbox"/>	N/A
2. Copy of current <b>photo identification</b>	<input type="checkbox"/>	<input type="checkbox"/>
3. Copy of a current Garda <b>vetting report</b> for the person	<input type="checkbox"/>	<input type="checkbox"/>
4. Copy of the person's <b>relevant qualifications</b> as identified in the personal information form	<input type="checkbox"/>	<input type="checkbox"/>

If you have ticked "**recently submitted**" to any of the items above, please provide the centre name, centre ID (OSV), and date the documentation was submitted. Documents must be **valid**.<sup>‡</sup>

<sup>‡</sup> Please read our **guidance** for an explanation of recently submitted and valid documentation. Our guidance is available to download from our website [www.higa.ie](http://www.higa.ie)

## Section 7. Prescribed information for the person in charge (PIC) of a designated centre for special care units (DCSC)

The following prescribed information for the PIC <b>must</b> accompany your notification form, unless recently submitted	Enclosed	Recently submitted
1. <b>Personal</b> information form	<input type="checkbox"/>	N/A
2. Copy of current <b>photo identification</b>	<input type="checkbox"/>	<input type="checkbox"/>
3. Copy of a current Garda <b>vetting report</b> for the person	<input type="checkbox"/>	<input type="checkbox"/>
4. <b>Vetting information</b> from police authorities in other State <b>if</b> person has lived in another State for 6 consecutive months or more. <input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>
5. Copy of the person's <b>relevant qualifications</b> as identified in the personal information form	<input type="checkbox"/>	<input type="checkbox"/>
6. Two HIQA <b>reference</b> forms, one form must be completed by the person's previous employer	<input type="checkbox"/>	<input type="checkbox"/>
7. <b>Medical</b> declaration form	<input type="checkbox"/>	<input type="checkbox"/>
If you have ticked " <b>recently submitted</b> ", please provide the centre name, centre ID (OSV), and date the documentation was submitted. Documents must be <b>valid</b> . <sup>§</sup>		

<sup>§</sup> Please read our **guidance** for an explanation of recently submitted and valid documentation. Our guidance is available to download from our website [www.hiqa.ie](http://www.hiqa.ie)

**Section 8. Declaration by the registered provider**

For  
official  
use

I, the undersigned, having been authorised to do so, 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	Director	<input type="checkbox"/>
	Partner	<input type="checkbox"/>
	Individual/sole trader	<input type="checkbox"/>
	Member of the committee of management or other controlling authority of the unincorporated body	<input type="checkbox"/>
	Person responsible on behalf of the statutory body	<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"/>

\*\* A letter of authorisation notifying the Chief Inspector of the appointment of an authorised signatory must be sent by post in advance of the authorised signatory exercising signing authority. This letter must contain certain information which is set out in our Regulatory Notice which is available to download from our website [www.hiqa.ie](http://www.hiqa.ie). This is only applicable if the registered provider is a company, partnership or an unincorporated body.

The notification form and prescribed information (if applicable) should be posted to:

Registration Office  
Regulatory Support Services  
Health Information and Quality Authority  
Unit 1301, City Gate  
Mahon  
Cork  
T12 Y2XT

Telephone no: 021 240 9340

Email: [registration@hiqa.ie](mailto:registration@hiqa.ie)