


<b>NF30B</b>  <b>Form</b>	Health Information and Quality Authority  <b>Absence of Person in Charge* for longer than 28 days</b>	 <b>Health Information and Quality Authority</b> <small>An tÚdarás Um Fhaisnéis agus Cálíocht Sláinte</small>
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Section 1. Designated centre details	
Centre name	
Centre ID (OSV)	
Registered provider name (such as company name)	
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"/>
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"/>

Section 2. Absence of person in charge for longer than 28 days	
Name of the person in charge	
Please state the <b>type</b> of absence	Planned absence <input type="checkbox"/> Unexpected absence <input type="checkbox"/>
<b>Start</b> date of absence	
Expected <b>return</b> date	

\* This is a statutory notification as per the Health Act 2007 and regulations thereunder.

## Section 2. Absence of person in charge for longer than 28 days

What is the **length or expected length** of the absence?

Please state the reason for the **absence**

- |                 |                          |
|-----------------|--------------------------|
| Annual leave    | <input type="checkbox"/> |
| Sick leave      | <input type="checkbox"/> |
| Maternity leave | <input type="checkbox"/> |
| Parental leave  | <input type="checkbox"/> |
| Other           | <input type="checkbox"/> |

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

Has a new person been appointed to be in charge of the centre during the absence?

Yes

No

**Section 3.** If you have ticked **yes** to a new person in charge being appointed, please complete the following:

**Name** of the new person in charge

**Date** this person will commence the role of person in charge

In addition to the NF30 form, please complete either:

- **Section 5:** Prescribed information for the person in charge of a designated centre for persons with **disabilities** (DCD), or
- **Section 6:** Prescribed information for the person in charge of a designated centre for **older persons** (DCOP), or
- **Section 7:** Prescribed information for the person in charge of a designated centre - **special care units** (DCSC)

**Section 4.** If you have ticked **no** to a new person being appointed during absence of the person in charge, please complete the following:

Name of the person who is <b>responsible</b> during the absence	
<b>Contact number</b> for the person responsible during the absence	
<b>Email address</b> for the person responsible during the absence	
<b>Qualifications</b> of the person responsible during the absence	

Please state the reason **why** you have not appointed a new person to be in charge of the designated centre during the absence.

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## 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.	Enclosed	Recently submitted
1. <b>Personal</b> information form - PIF's must be included with every new appointment of PIC regardless of when last submitted.	<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 disclosure</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> " to any of the items above, please provide the centre name, centre ID (OSV), and date the documentation was submitted. <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 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.	Enclosed	Recently submitted
1. <b>Personal</b> information form - PIF's must be included with every new appointment of PIC regardless of when last submitted.	<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 disclosure</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 above items, please provide the centre name, centre ID (OSV), and date the documentation was submitted.<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 7. Prescribed information for the person in charge (PIC) of a designated centre - special care units (DCSC)

The following prescribed information for the PIC <b>must</b> accompany your notification form.	Enclosed	Recently submitted
1. <b>Personal</b> information form - PIF's must be included with every new appointment of PIC regardless of when last submitted.	<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 disclosure</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> " to any of the above items, please provide the centre name, centre ID (OSV), and date the documentation was submitted. <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

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)	
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	
Date	
Contact number (during office hours)	

\*\* 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.higa.ie](http://www.higa.ie). This is only applicable if the registered provider is a company, partnership or an unincorporated body.

The most secure and convenient way to submit the notification form and prescribed information is through the HIQA Portal:

<https://portal.hiqa.ie/User/Login?ReturnUrl=%2f>

Should you wish to continue in hardcopy, please post the form 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)