


NF30B Form	Health Information and Quality Authority Absence of Person in Charge* for longer than 28 days	 Health Information and Quality Authority <small>An tÚdarás Um Fhaisnéis agus Cálíocht Sláinte</small>
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Section 1. Designated centre details		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 open application to register or renew the registration of the designated centre?	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
If you answered yes , 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"/>

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

* 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			For official use
What is the length or expected length of the absence?			<input type="checkbox"/>
Please state the reason for the absence	Annual leave	<input type="checkbox"/>	<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.			<input type="checkbox"/>
Has a new person been appointed to be in charge of the centre during the absence?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>

Section 3. If you have ticked yes to a new person in charge being appointed, please complete the following:			For official use
Name of the new person in charge			<input type="checkbox"/>
Date 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"> • 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) 			<input type="checkbox"/>

Section 4. If you have ticked no to a new person being appointed during absence of the person in charge, please complete the following:		For official use
Name of the person who is responsible during the absence		<input type="checkbox"/>
Contact number for the person responsible during the absence		<input type="checkbox"/>
Email address for the person responsible during the absence		<input type="checkbox"/>
Qualifications of the person responsible during the absence		<input type="checkbox"/>
Please state the reason why you have not appointed a new person to be in charge of the designated centre during the absence.		<input type="checkbox"/>

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 must accompany your notification form, unless recently submitted	Enclosed	Recently submitted
1. Personal information form	<input type="checkbox"/>	N/A
2. Copy of current photo identification	<input type="checkbox"/>	<input type="checkbox"/>
3. Copy of a current Garda vetting report for the person	<input type="checkbox"/>	<input type="checkbox"/>
4. Copy of the person's relevant qualifications as identified in the personal information form	<input type="checkbox"/>	<input type="checkbox"/>
5. Two HIQA reference forms, one form must be completed by the person's previous employer	<input type="checkbox"/>	<input type="checkbox"/>
6. Medical declaration form	<input type="checkbox"/>	<input type="checkbox"/>
7. Copy of birth certificate	<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 . [†]		

[†] 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

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 must accompany your notification form, unless recently submitted	Enclosed	Recently submitted
1. Personal information form	<input type="checkbox"/>	N/A
2. Copy of current photo identification	<input type="checkbox"/>	<input type="checkbox"/>
3. Copy of a current Garda vetting report for the person	<input type="checkbox"/>	<input type="checkbox"/>
4. Copy of the person's relevant qualifications 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. Documents must be **valid**.[‡]

[‡] 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

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 must accompany your notification form, unless recently submitted	Enclosed	Recently submitted
1. Personal information form	<input type="checkbox"/>	N/A
2. Copy of current photo identification	<input type="checkbox"/>	<input type="checkbox"/>
3. Copy of a current Garda vetting report for the person	<input type="checkbox"/>	<input type="checkbox"/>
4. Vetting information from police authorities in other State if 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 relevant qualifications as identified in the personal information form	<input type="checkbox"/>	<input type="checkbox"/>
6. Two HIQA reference forms, one form must be completed by the person's previous employer	<input type="checkbox"/>	<input type="checkbox"/>
7. Medical declaration form	<input type="checkbox"/>	<input type="checkbox"/>
<p>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. Documents must be valid.[§]</p>		

[§] 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

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. 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