


NF30C Form	Health Information and Quality Authority Return of the Person in Charge* following an absence of 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. Return of the person in charge following an absence		For official use
Name of the person in charge returning following an absence		<input type="checkbox"/>
Name of the person who was appointed during the absence		<input type="checkbox"/>
Date of return of the absent person in charge		<input type="checkbox"/>

* This is a statutory notification as per the Health Act 2007 and regulations there under.

Section 3. 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.

This 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