


<b>NF31 Form</b>	Health Information and Quality Authority <b>Change of Person Participating in Management* (PPIM)</b>	 <b>Health Information and Quality Authority</b> An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte
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Section 1. 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"/>
Please state the <b>reason</b> for this notification. Please <b>tick</b> the relevant box or boxes and complete the associated section(s).		
<b>Section 2.</b>	<b>Departing</b> person participating in management <input type="checkbox"/>	<input type="checkbox"/>
<b>Section 3.</b>	<b>New</b> person participating in management <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"/>

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

Section 2. Departing person participating in management		For official use
Name of the person participating in management who is <b>departing</b>		<input type="checkbox"/>
<b>Date</b> the person will cease or has ceased their role		<input type="checkbox"/>

Section 3. New person participating in management		For official use
<b>Name</b> of the new person participating in management		<input type="checkbox"/>
<b>Date</b> this person will commence the role		<input type="checkbox"/>
<p>In addition to the NF31 form, please complete either:</p> <ul style="list-style-type: none"> <li>▪ <b>Section 4:</b> Prescribed information for the person participating in management of a designated centre for persons with <b>disabilities</b> (DCD), or</li> <li>▪ <b>Section 5:</b> Prescribed information for the person participating in management of a designated centre for <b>older persons</b> (DCOP), or</li> <li>▪ <b>Section 6:</b> Prescribed information for the person participating in management of a designated centre - <b>special care units</b> (DCSC)</li> </ul>		<input type="checkbox"/>

**Section 4. Prescribed information for a person participating in management (PPIM) of a designated centre for persons with disabilities (DCD)**

The following prescribed information for the PPIM <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 "**recently submitted**" to any of the above items, please provide the centre name, centre ID (OSV), and date the documentation was submitted in the box below. All 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.hiqa.ie](http://www.hiqa.ie)

**Section 5. Prescribed information for a person participating in management (PPIM) of a designated centre for older persons (DCOP)**

The following prescribed information for the PPIM <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 in the box below. All 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 6. Prescribed information for a person participating in management (PPIM) of a designated centre - special care unit (DCSC)**

The following prescribed information for the PPIM <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 "**recently submitted**" to any of the items above, please provide the centre name, centre ID (OSV), and date the documentation was submitted in the box below. All 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.hiqa.ie](http://www.hiqa.ie)

## Section 7. 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)