

NF35 Form	Health Information and Quality Authority Notification to cease to carry on the business of the designated centre and close the centre ¹	 Health Information and Quality Authority An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte
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Section 1. Designated Centre details	
Centre name	
Centre ID (OSV)	
Address	
Eircode	

Please note, in line with regulations^{2, 3, 4}, the Chief Inspector will make a note in the register published on the HIQA website, following receipt of a notice from the registered provider, of its intention to cease carrying on the business of a designated centre and close the centre.

¹ You must provide a minimum of 6 months notice to the Authority, as per the Health Act 2007 and regulations thereunder.

² Regulation 3(5) of the Health Act 2007 (Registration of Designated centres) (Special Care Units) Regulations 2017

³ Regulation 4(5) of the Health Act 2007(Registration of Designated Centres for persons (Children and Adults) with Disabilities) Regulations 2013

⁴ Regulation 3 (2) of the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015

Section 2. Closure details

What is the proposed date you intend to close the centre?

Please provide details of the closure:

Section 3. Declaration by the registered provider

I, the undersigned, 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)	

The notification form 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

⁵ 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