


NF37B Form	Health Information and Quality Authority Changes to the membership of an unincorporated body	 Health Information and Quality Authority <small>An tUdaráis Um Fhianáin agus Cáilocht Sláinte</small>
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Section 1. Unincorporated body details

Unincorporated body name (registered provider)	
Do you currently have an open application to register or renew the registration of a designated centre(s) where the unincorporated body is the applicant or registered provider?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If you answered yes , do you want to update the open application(s) with the information provided on this form?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Section 2. Change to the membership of the unincorporated body

Please confirm the unincorporated body has not been dissolved* by ticking the box provided.	<input type="checkbox"/>				
Please state the type of change by ticking the relevant box or boxes.	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">New member</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Departing member</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	New member	<input type="checkbox"/>	Departing member	<input type="checkbox"/>
New member	<input type="checkbox"/>				
Departing member	<input type="checkbox"/>				
Please state the date the change will take effect.					

* If the unincorporated body, that is to say the registered provider, has been dissolved, the new unincorporated body must **apply to register** the designated centre via an application to register. It is an offence to carry on the business of the designated centre unless the new unincorporated body is the registered provider.

Section 3. New member

Please state the name of the **new** member or members (if applicable)

Title	First name	Surname

Section 4. Departing member

Please state the name of the **departing** member or members (if applicable)

Title	First name	Surname

Please continue on a separate copy of this page, if necessary.

Section 5. 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	Member of the committee of management or other controlling authority of the unincorporated body <input type="checkbox"/> Authorised signatory for and on behalf of the unincorporated body† <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.hiqa.ie

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