


DCD NF39C Form	Health Information and Quality Authority Designated centres for persons (Children and Adults) with disabilities (DCD) Quarterly notification of incidents* NF39C Any recurring pattern of theft or burglary	 <p>Health Information and Quality Authority An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte</p>
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Section 1. Centre details.		For official use
Centre name		<input type="checkbox"/>
Centre ID (OSV)		<input type="checkbox"/>
Unit or ward name(if applicable)		<input type="checkbox"/>
Reporting year		<input type="checkbox"/>
Reporting quarter	Quarter 1 (Jan, Feb, Mar) Quarter 2 (Apr, May, Jun) Quarter 3 (Jul, Aug, Sep) Quarter 4 (Oct, Nov, Dec)	<input type="checkbox"/>

* Please complete this form with HIQA's notification guidance. You can download the guidance at www.hiqa.ie

Section 2. Recurring pattern of theft or burglary.			For official use
Two or more occasions of theft or burglary at the designated centre.			
#	Details of incident (1)		<input type="checkbox"/>
1.	Date burglary/ theft discovered		<input type="checkbox"/>
2.	Type of injured party	Resident Other	<input type="checkbox"/>
3.	Type of item stolen	Cash Personal belongings Pharmaceuticals Others	<input type="checkbox"/>
4.	Details of incident		<input type="checkbox"/>
5.	Actions taken in response		<input type="checkbox"/>
#	Details of incident (2)		<input type="checkbox"/>
1.	Date burglary/ theft discovered		<input type="checkbox"/>
2.	Type of injured party	Resident Other	<input type="checkbox"/>
3.	Type of item stolen	Cash Personal belongings Pharmaceuticals Other	<input type="checkbox"/>
4.	Details of incident		<input type="checkbox"/>
5.	Actions taken in response		<input type="checkbox"/>

Section 2. Recurring pattern of theft or burglary.			For official use
Two or more occasions of theft or burglary at the designated centre.			
#	Details of incident (3)		<input type="checkbox"/>
1.	Date burglary/ theft discovered		<input type="checkbox"/>
2.	Type of injured party	Resident Other	<input type="checkbox"/>
3.	Type of item stolen	Cash Personal belongings Pharmaceuticals Others	<input type="checkbox"/>
4.	Details of incident		<input type="checkbox"/>
5.	Actions taken in response		<input type="checkbox"/>
#	Details of incident (4)		<input type="checkbox"/>
1.	Date burglary/ theft discovered		<input type="checkbox"/>
2.	Type of injured party	Resident Other	<input type="checkbox"/>
3.	Type of item stolen	Cash Personal belongings Pharmaceuticals Other	<input type="checkbox"/>
4.	Details of incident		<input type="checkbox"/>
5.	Actions taken in response		<input type="checkbox"/>

Section 2. Recurring pattern of theft or burglary.			For official use
Two or more occasions of theft or burglary at the designated centre.			
#	Details of incident (5)		<input type="checkbox"/>
1.	Date burglary/ theft discovered		<input type="checkbox"/>
2.	Type of injured party	Resident Other	<input type="checkbox"/>
3.	Type of item stolen	Cash Personal belongings Pharmaceuticals Others	<input type="checkbox"/>
4.	Details of incident		<input type="checkbox"/>
5.	Actions taken in response		<input type="checkbox"/>
#	Details of incident (6)		<input type="checkbox"/>
1.	Date burglary/ theft discovered		<input type="checkbox"/>
2.	Type of injured party	Resident Other	<input type="checkbox"/>
3.	Type of item stolen	Cash Personal belongings Pharmaceuticals Other	<input type="checkbox"/>
4.	Details of incident		<input type="checkbox"/>
5.	Actions taken in response		<input type="checkbox"/>

Section 2. Recurring pattern of theft or burglary.			For official use
Two or more occasions of theft or burglary at the designated centre.			
#	Details of incident (7)		<input type="checkbox"/>
1.	Date burglary/ theft discovered		<input type="checkbox"/>
2.	Type of injured party	Resident Other	<input type="checkbox"/>
3.	Type of item stolen	Cash Personal belongings Pharmaceuticals Others	<input type="checkbox"/>
4.	Details of incident		<input type="checkbox"/>
5.	Actions taken in response		<input type="checkbox"/>
#	Details of incident (8)		<input type="checkbox"/>
1.	Date burglary/ theft discovered		<input type="checkbox"/>
2.	Type of injured party	Resident Other	<input type="checkbox"/>
3.	Type of item stolen	Cash Personal belongings Pharmaceuticals Other	<input type="checkbox"/>
4.	Details of incident		<input type="checkbox"/>
5.	Actions taken in response		<input type="checkbox"/>

Section 3. Declaration		For official use
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)		<input type="checkbox"/>
Position	Person in charge 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"/>

This form should be either:

- **emailed** to: rst@hiqa.ie or,
- **posted** to: Regulatory Support Team, Regulatory Support Services, Health Information and Quality Authority, Dublin Regional Office, George's Court, George's Lane, Smithfield, Dublin 7, D07 E98Y.

Telephone no: (01) 814 7400

Email: rst@hiqa.ie