


NF60 Form	Health Information and Quality Authority Declaration of Occupancy * Designated Centres for Older People (DCOP)	 Health Information and Quality Authority <small>An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte</small>
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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"/>

Section 2. Declaration of occupancy			For official use
Please tick the relevant date of declaration and state the year.			
1 January	<input type="checkbox"/>	Year	<input type="checkbox"/>
1 May	<input type="checkbox"/>	Year	
1 September	<input type="checkbox"/>	Year	
I declare that the total number of residents accommodated at the designated centre on the above date is: <div style="float: right; border: 1px solid black; width: 100px; height: 40px; margin-left: 20px;"></div>			<input type="checkbox"/>
Please state the number in words: _____			

* This form should be returned to before the 15th day of the calendar month which the payment falls due, that is, either 1 January, 1 May, or 1 September.

Section 3. Declaration by the registered provider		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	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"/>

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 or emailed to: registration@hiqa.ie

Telephone no: 021 240 9340

Email: registration@hiqa.ie

[†] 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