

# Health Information and Quality Authority

## Personal Information Form\*



Section 1. Designated centre details.		For official use
Centre name		<input type="checkbox"/>
Centre ID (OSV)		<input type="checkbox"/>

Section 2. Contact details for the person.		For official use
Please tick the relevant role	Person in charge (PIC) <input type="checkbox"/>	<input type="checkbox"/>
	Person participating in management (PPIM) <input type="checkbox"/>	
Title	Ms <input type="checkbox"/> Miss <input type="checkbox"/> Mrs <input type="checkbox"/> Mr <input type="checkbox"/> Other <input type="checkbox"/> ____	<input type="checkbox"/>
First name		<input type="checkbox"/>
Surname		<input type="checkbox"/>
Job title		<input type="checkbox"/>
Start date (current role)		<input type="checkbox"/>

\* This form should be completed by the registered provider in respect of the person in charge and each person participating in management at the designated centre. Please enclose this form with your **registration pack** or **notification pack**, as applicable.

<b>Section 2. Contact details for the person.</b>		For official use
Business phone number		<input type="checkbox"/>
Business mobile number (optional)		<input type="checkbox"/>
Business email address		<input type="checkbox"/>

<b>Section 3. Registration with a professional regulatory body.</b>			For official use
<b>Professional body</b>	<b>Registration number</b>	<b>Registration status</b>	
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

**Section 4. Qualifications.**Please list **relevant** qualifications or accredited training for the person.For  
official  
use

Name of qualification	Name of awarding body	Date of award	
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

**Section 5. Employment history.**  
 Please provide a **full** employment history, together with a satisfactory history of any gaps in employment, starting with the person's current role.

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Start and end date	Employer/organisation's name and address	Job title and position details	Reason for leaving	
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**Section 5. Employment history.**

Please provide a **full** employment history, together with a satisfactory history of any gaps in employment, starting with the person's current role.

For  
official  
use

<b>Start and end date</b>	<b>Employer/ organisation's name and address</b>	<b>Job title and position details</b>	<b>Reason for leaving</b>	
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

<b>Section 5. Employment history.</b>				For official use
Please provide a <b>full</b> employment history, together with a satisfactory history of any gaps in employment, starting with the person's current role.				
<b>Start and end date</b>	<b>Employer/ organisation's name and address</b>	<b>Job title and position details</b>	<b>Reason for leaving</b>	
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

Please continue on a separate photocopy of this section, if necessary.

Section 6. Verification of previous employment.		For official use
Has this person ever worked with vulnerable adults or children in a previous role?	Yes <input type="checkbox"/> Please go to subsection 6.1	<input type="checkbox"/>
	No <input type="checkbox"/> Please go to section 7	

Subsection 6.1		For official use
Have you verified the reason why the employment or position(s) has ended for each period of employment?	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
If you ticked <b>no</b> , please provide details of why you have <b>not verified</b> the reason the person's employment or position(s) ended.		<input type="checkbox"/>
If you ticked <b>yes</b> , are you satisfied with the reasons given for why the employment or position ended?	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
If <b>no</b> , please provide details of why you are <b>not satisfied</b> with the reasons given for why the person's employment or position(s) ended.		<input type="checkbox"/>

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 form is true to the best of my knowledge and belief.		
Name (print)		<input type="checkbox"/>
Position	Director <input type="checkbox"/>	<input type="checkbox"/>
	Partner <input type="checkbox"/>	
	Individual or sole trader <input type="checkbox"/>	
	Manager, chairperson or member 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/intended registered provider <sup>†</sup> <input type="checkbox"/>	
Signed		<input type="checkbox"/>
Date		<input type="checkbox"/>
Contact number (during office hours)		<input type="checkbox"/>

<sup>†</sup> 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.higa.ie](http://www.higa.ie). This is only applicable if the registered/intended registered provider is a company, partnership or an unincorporated body.



The 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@higa.ie](mailto:registration@higa.ie)