

Health Information and Quality Authority (HIQA)

Reference Form*



Section 1. Designated centre details.

Centre name	
Centre ID (OSV)	
Centre address	

Section 2. Person's details.

Please tick the relevant role	Person in charge (PIC) Person participating in management (PPIM)
Name (PIC/PPIM)	
How does this person know the referee?	

* This form must be completed by the referee in respect of the PIC or PPIM. The referee should be a person in a **professional** capacity, who can attest to the suitability of the person being in charge or participating in management of a designated centre. The referee **cannot** be a friend, relative, resident, or relative of residents.

Section 3. Referee's details.

Name of referee	
Occupation	
Contact number (during office hours)	
Business email address	
Type of reference being provided	Previous employer reference <input type="checkbox"/> Professional character reference <input type="checkbox"/>
How long have you known this person?	
Have you previously worked together?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes , please provide details, including the name of the place where you both worked and your roles.	

Section 4. Attributes.[†]

Please rate this person in the role of person in charge or a person participating in management based on the following attributes.

Please state your score on a scale of **0 to 4** as provided.

0 = I did not work with this person in this capacity

1 = Poor

2 = Fair

3 = Good

4 = Excellent

Attribute 1: Integrity and good character

0

1

2

3

4

Attribute 2: Competent and capable in their role

0

1

2

3

4

Attribute 3: Demonstrated participation in management and governance

0

1

2

3

4

Attribute 4: Demonstrated a delivery of a high-quality, safe and reliable service

0

1

2

3

4

[†] HIQA is required to assess the fitness of the person in charge and persons participating in management of a designated centre.

Section 5. Other information.

Have you any reason to be concerned about this person having access to vulnerable adults or children?

Yes No

If **yes**, please provide details:

Do you wish to bring any other information about this person to the attention of HIQA?

Yes No

If **yes**, please provide details:

Section 6. Declaration by referee.

I, the undersigned, declare that the information I have provided in this form is true to the best of my knowledge and belief.

Name (please print)	
Signed	
Date	

Please note, a copy of this reference may be requested, by the person named in this reference, under the Freedom of Information Act. Should this occur, you will be contacted prior to any decision to disclose or release the information provided in this reference form.

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@hiqa.ie