

Regulation of
Health and Social
Care Services

Registration notification handbook

**Guidance for registered providers completing
registration notifications**

August 2018

About the Health Information and Quality Authority

The Health Information and Quality Authority (HIQA) is an independent authority established to drive high-quality and safe care for people using our health and social care services in Ireland. HIQA's role is to develop standards, inspect and review health and social care services and support informed decisions on how services are delivered.

HIQA aims to safeguard people and improve the safety and quality of health and social care services across its full range of functions.

HIQA's mandate to date extends across a specified range of public, private and voluntary sector services. Reporting to the Minister for Health and the Minister for Children and Youth Affairs, HIQA has statutory responsibility for:

- **Setting Standards for Health and Social Services** — Developing person-centred standards, based on evidence and best international practice, for health and social care services in Ireland.
- **Regulation** — Registering and inspecting designated centres.
- **Monitoring Children's Services** — Monitoring and inspecting children's social services.
- **Monitoring Healthcare Safety and Quality** — Monitoring the safety and quality of health services and investigating as necessary serious concerns about the health and welfare of people who use these services.
- **Health Technology Assessment** — Providing advice that enables the best outcome for people who use our health service and the best use of resources by evaluating the clinical effectiveness and cost-effectiveness of drugs, equipment, diagnostic techniques and health promotion and protection activities.
- **Health Information** — Advising on the efficient and secure collection and sharing of health information, setting standards, evaluating information resources and publishing information about the delivery and performance of Ireland's health and social care services.

Contents

Registration notifications	5
Registration notifiable events and timelines.....	5
Common information requested on the notification forms	8
Designated centre details	8
Registered provider details.....	8
Prescribed information	8
Declaration.....	9
NF30A Change of the Person in Charge Notification Form	11
NF30B Absence of Person in Charge for longer than 28 days	12
NF30C. Return of the Person in Charge following an absence	14
NF31 Change of Person Participating in Management Notification Form	15
NF32 Change to the Ownership of a Body Corporate Disability Notification Form (Disability and Special care units)	17
NF33A Change of Company Personnel Notification Form	18
NF33B Change of Company name or Contact Information Notification Form	19
NF35 Ceasing to carry on the business of the designated centre and close the centre Notification Form	20
NF36A Change of Partner Notification Form	21
NF36B Change of Partnership Contact Information Notification Form	24
NF37A Change to Manager or Chairperson of an Unincorporated body Notification Form	25
NF37B Change to the Membership of an Unincorporated Body Notification Form	26
NF37C Change to Name or Contact Details of an Unincorporated Body Notification Form	27
Annual Fee	29
Annual Fee Notification Forms	31
NF60 Declaration of Occupancy (Older Persons and Special care units)	32
Annual Return Declaration of Occupancy (Disability and Special care units).....	33

Registration notifications

You are required to notify us of any changes to information supplied for the purpose of registration. To assist you to meet this regulatory requirement, we have designed a suite of notification forms which are available to download from our website.

Please return your completed registration notification forms and accompanying prescribed information (if applicable) to: Registration Office, Regulatory Support Services, Health Information and Quality Authority, Unit 130, City Gate, Mahon, Cork, T12 Y2XT.

You can also submit notifications and upload prescribed information via our online provider portal.

Registration notifiable events and timelines						
Notification	Notifiable event	What should I submit?	Service			When
NF30A Notification Form	Change of the Person in Charge	NF30A Form and prescribed information	Older persons	Disability	Special care unit	Within 10 days
NF30B Notification Form	Absence of the Person in Charge (longer than 28 days)	NF30B Form	Older persons	Disability	Special care unit	One month in advance
NF30C Notification Form	Return of the Person in Charge (following an absence)	NF30C Form	Older persons	Disability	Special care unit	Within three days
NF31 Notification Form	Change of Person Participating in Management	NF31 Form and prescribed information	Older persons	Disability	Special care unit	Within 28 days
NF32 Notification Form	Change to the Ownership of a Body Corporate	NF32 Notification Form	N/A	Disability	Special care unit	8 weeks in advance
NF33A or NF33B Notification	NF33A Change of Company Personnel	NF33A Notification Form	Older persons	Disability	Special care unit	8 weeks in advance

Registration notifiable events and timelines						
Notification	Notifiable event	What should I submit?	Service			When
Form	NF33B Change of Company Name or Contact Information	NF33B Notification Form				
NF35 Notification Form	Ceasing to carry on the business of the designated centre and close the centre	NF35 Notification Form	Older persons	Disability	Special care unit	6 months in advance
NF36A or NF36B Notification Form	NF36A Change of Partner NF36B Change of Partnership Contact Information	NF36A Notification Form NF36B Notification Form	Older persons	Disability	Special care unit	8 weeks in advance
NF37A, NF37B or NF37C Notification Form	NF37A Change to Manager or Chairperson of unincorporated Body NF37B Change to Membership of Unincorporated Body NF37C Change to name or Contact details of Unincorporated Body	NF37A Notification Form NF37B Notification Form NF37C Notification Form	Older persons	Disability	Special care unit	8 weeks in advance

Registration notifiable events and timelines						
Notification	Notifiable event	What should I submit?	Service			When
NF60 Notification Form	Declaration of bed occupancy	NF60 Notification Form (via portal)	Older persons	N/A	N/A	1-15 Jan 1-15 May 1-15 Sept
Annual Return Form	Declaration of occupancy	Annual Return Form	N/A	N/A	Special care unit	1 January (annually)

Common information requested on the notification forms

Designated centre details

If you are completing an NF30A/B/C, NF31 or NF35 Notification Form you will need to complete designated centre details as illustrated below.

Section 1. Designated centre details.	
Centre name	HIQA House
Centre ID (OSV)	OSV-0009999
Registered provider name	HIQA House Limited

Please state the **name** and associated **centre ID** of the designated centre where the person works.

If the change applies to more than one designated centre please list the centres on the form or enclose a list of centres the change applies to.

Please state the name of the registered provider entity.

Registered provider details

If you are completing an NF33A, NF33B, NF36A, NF36B, or NF37A, NF37B or NF37C notification form you will need to complete the relevant registered provider entity information. The information you enter into this section should match the information currently on our register of designated centres, section 69 register or section 48 register. This includes:

- Company name and Companies Registration Office number (NF33B)
- Partnership name (NF36B)
- Unincorporated body name (NF37C)

Prescribed information

If you are completing an NF30A or NF31 Notification Form you must submit prescribed information for a new person in charge or a new person participating in the management of the designated centre. Each form has a prescribed information checklist specific to the service

provided at your designated centre, that is either Disability, Older Persons services or Special care units. Please read our **'Registration prescribed information handbook'** available from our website for more guidance on how to complete the documentation required.

Declaration

The declaration should be signed by the applicant, registered provider, or by a person authorised by the registered provider. Please use the following table as guidance.

Who can sign the declaration	Who will be accepted by the Chief Inspector to sign the declaration on behalf of the Provider
Sole trader	Individual person (sole trader — the person applying to register or renew registration)
Company	A director of the company OR Authorised signatory for and on behalf of the company*
Partnership	A partner of the partnership OR Authorised signatory for and on behalf of the partnership*
Unincorporated body	A member of the committee of management or other controlling authority of the unincorporated body OR Authorised signatory for and on behalf of the unincorporated body*
Statutory body	Person responsible on behalf of the statutory body

*Who is an authorised signatory?

If the Provider is a company, a partnership or an unincorporated body, the Provider may appoint an individual or individuals as an authorised signatory or authorised signatories to sign relevant documentation⁵ on its behalf.

Once validly appointed, an authorised signatory or signatories will be authorised to sign all relevant forms on behalf of the Provider until such time as the authorisation is revoked by the Provider and such revocation is notified to the Chief Inspector in writing.

Where an authorised signatory has been appointed, an original hard copy letter signed by the Provider— stating that the authorised signatory or signatories has or have been validly authorised to sign documentation on behalf of the Provider — must be sent to the Chief Inspector in advance of the authorised signatory exercising signing authority.

This authorisation must take the form of a resolution duly passed by:

- the board of directors of the company named as being the Provider or
- the partners of the partnership named as being the Provider or
- the members of the committee of management or other controlling authority of the unincorporated body named as being the Provider.

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 – *Important information about registration documentation for intended and registered providers of designated centres* which is available to download from our website www.hiqa.ie

We will be unable to process your notification if the declaration section is not completed correctly.

NF30A Change of the Person in Charge Notification Form

Section 1. Designated centre details

Please complete this section as per the ['Designated centre details'](#) section of this guidance.

Section 2. Change of Person in Charge

Name of the departing person in charge — please state the name of the person who will no longer be the person in charge of the designated centre. This person should be someone who is currently named on our register of designated centres.

Date — please state the date the person will cease or has ceased to be in charge.

Has a new person been appointed to be in charge of the centre? — please tick either the 'Yes' or 'No' checkbox to identify if a new person has been appointed as person in charge of the designated centre. If you have ticked 'Yes':

- please state the name of the new person appointed,
- the date they will commence their role of person in charge, and
- complete the prescribed information checklist in either '**Section 5**', '**Section 6**' or '**Section 7**' of the form, depending on the type of service provided at the designated centre.

If you have ticked '**No**', please state the reason why another person has not been appointed to the role of person in charge, and the arrangements that you have put in place. Please note, there must be a 'person in charge' of the designated centre **at all times**.

NF30B Absence of Person in Charge for longer than 28 days

Section 1. Designated centre details

Please complete this section as per the ['Designated centre details'](#) section of this guidance.

Section 2. Absence of Person in Charge for longer than 28 days

Name of the person in charge — please state the name of the person in charge of the designated centre (currently named on our register) who will be absent for a period longer than 28 days.

Please state the type of absence — please indicate whether the absence was planned or occurred unexpectedly.

Start date of absence — please state the date the absence will commence, or in the case of an unexpected absence, has commenced.

Expected return date — please state the date you expect the person to return to their role of person in charge. In the case of an unexpected absence where you do not know an exact date of return, please state 'unknown'.

What is the length or expected length of the absence? — state the expected duration of the absence such as 'six weeks'. This section should match the start and expected return dates.

Please state the reason for the absence? — tick the checkbox that reflects the reason for the absence. If the reason is not listed in this section, tick the **'other'** checkbox and provide details of the reason for the absence in the text field provided.

Has a new person been appointed to be in charge of the centre? — please tick either the **'Yes'** or **'No'** checkbox to identify if a new person has or will be appointed as person in charge of the designated centre.

If you have ticked **'Yes'**:

Section 3.

- please state the **name** of the new person appointed,
- also state the **date** they will commence their role of person in charge, and
- complete the prescribed information checklist in either **'Section 5'**, **'Section 6'** or **Section 7** of the form depending on the type of service provided at the designated centre.

If you have ticked '**No**'

Section 4.

- please state the **name**, **contact number** (during office hours), a valid **email address**, and
- a list of relevant **qualifications** for the person who was or will be responsible for the designated centre during the absence.

In addition, you should state the **reason why you have not appointed a new person in charge** of the designated centre during the absence in the text field provided.

Section 5, Section 6 and Section 7. Prescribed information

You are required to submit prescribed information within 10 days of the appointment of a person in charge of the designated centre. Please read the '[Prescribed information](#)' section of this handbook for more guidance on completing the documentation required.

Section 8. Declaration by the registered provider

Please read the guidance provided in the '[Declaration](#)' section of this handbook to ensure you complete the declaration correctly. Please note that we will only accept forms with an original signature.

NF30C. Return of the Person in Charge following an absence

Section 1. Designated centre details

Please complete this section as per the ['Designated centre details'](#) section of this guidance.

Section 2. Return of the person in charge following an absence

Please use the following example as a guide to completing this section.

Section 2. Return of the person in charge following an absence	
Name of the person in charge returning following an absence	John Smith
Name of the person who was appointed during the absence	Mary White
Date of return of the absent person in charge	01 May 2016

You should state the name of the person who was previously notified to us as being absent for a period longer than 28 days

Please state the name of the person who was appointed as person in charge of the designated centre during the

Please state the **date** the person who is absent will **return** to their role of person in charge.

Section 3. Declaration by the registered provider

Please read the guidance provided in the ['Declaration'](#) section of this handbook to ensure you complete the declaration correctly. Please note that we will only accept forms with an original signature.

NF31 Change of Person Participating in Management Notification Form

Section 1. Designated centre details

Please complete this section as per the ['Designated centre details'](#) section of this guidance.

Please state the reason for this notification — please tick one checkbox and complete the section of the form that is associated with the type of notification.

If a person is 'departing' and a new person is commencing the role of person participating in management, please tick both checkboxes (as illustrated) and complete **'Section 2'** and **'Section 3'**.

Section 2.	Departing person participating in management.	<input checked="" type="checkbox"/>
Section 3.	New person participating in management.	<input checked="" type="checkbox"/>

Section 2. Departing person participating in management

Name of the person participating in management (departing) — please state the name of the person (currently on our register) who will **no longer** be named as a person participating in the management of the designated centre.

Date — please state the date the person will cease or has ceased their role.

Section 3. New person participating in management

Name of the new person participating in management — please state the name of the new person that has been appointed to the role of person participating in management and the **date** that person will commence their role.

In addition, you must complete the prescribed information checklist in either **'Section 4'**, **'Section 5'** or **'Section 6'** of the form depending on the type of service provided at the designated centre.

Section 4, Section 5 and Section 6. Prescribed information

You are required to submit prescribed information for a new person participating in management of the designated centre within 28 day of the change. Please read the ['Prescribed information'](#) section of this handbook for more guidance on completing the documentation required.

Section 7. Declaration by the registered provider

Please read the guidance provided in the ['Declaration'](#) section of this handbook to ensure you complete the declaration correctly. Please note that we will only accept forms with an original signature.

NF32 Change to the Ownership of a Body Corporate Disability Notification Form (Disability and Special care units)

This notification form applies only to designated centres for people with **disabilities and Special care units**. You must notify us if there is a change to the **shareholding** of the body corporate.

This means if there is a:

- new shareholder of the body corporate, or
- a shareholder will no longer own shares in the body corporate.

This form is **not applicable** where there is a **change of registered provider**.

Section 1. Details of the body corporate

Please state the **name** and **address** of the body corporate (current registered provider entity). If the body corporate is a company please state the Companies Registration Office number (www.cro.ie).

Please provide additional details of the change of ownership — if there is additional information regarding the details of the change of ownership, please provide this information in the text box provided.

Section 2. and Section 3. New or departing shareholders

Please state the name of new or departing shareholder or shareholders of the body corporate (as applicable). For each person please state their title such as Ms, Mr, Dr, and their first name and surname and the date the change will take effect.

Section 4. Declaration by the registered provider

Please read the guidance provided in the '[Declaration](#)' section of this handbook to ensure you complete the declaration correctly. Please note that we will only accept forms with an original signature.

NF33A Change of Company Personnel Notification Form

You must notify us **eight weeks** in advance if there are any proposed changes to the identity of a company director, and if applicable, company secretary, chairperson, manager or chief executive.

This form is **not applicable** where there is a **change of registered provider** such as a new company with a new company registration number. In this instance, an application to register must be submitted to us by the intended registered provider.

Section 1. Company details

Please complete this section as per the [‘Registered provider details’](#) section of this guidance.

Section 2. New company personnel

For new company personnel please state the following for each person:

- their title, such as Ms, Mr, Dr, and their first name and surname, and
- their company role, such as director, chairperson, manager/ chief executive or company secretary.
- the date the change will take effect

If the number of rows provided in this section is not sufficient for the number of new company personnel, please continue on a photocopy of the page.

Section 3. Departing company personnel

For departing company personnel please state the following for each person:

- their title, such as Ms, Mr, Dr, and their first name and surname, and
- their company role, such as director, chairperson, manager/ chief executive or company secretary.
- the date the change will take effect

If the number of rows provided in this section is not sufficient for the number of departing company personnel, please continue on a photocopy of the page.

Section 4. Declaration by the registered provider

Please read the guidance provided in the [‘Declaration’](#) section of this handbook to ensure you complete the declaration correctly. Please note that we will only accept forms with an original signature.

NF33B Change of Company name or Contact Information Notification Form

You must notify us **eight weeks** in advance if there are any proposed changes to the company name or contact information for the company (registered provider).

This form is **not applicable** where there is a **change of registered provider**, such as a new company with a new company registration number. In this instance, an application to register must be submitted to us by the intended registered provider.

We will issue post and email correspondence to the contact information provided at the time of registration. If there is a change to the contact information that is currently on our register of designated centres it is vital that you inform us of this change.

Section 1. Company details

Please complete this section as per the ['Registered provider details'](#) section of this guidance.

Section 2. Change to the company name

If there is a change to the company name please state new company name and the date the change will take effect.

Section 3. Change of address or phone number of company

If there is a change to the company address or company phone number please state the change and the date the change will take effect.

Section 4. Change of company email

If there is a change to the company email address please state the new company email address change and the date the change will take effect.

Section 5. Declaration by the registered provider

Please read the guidance provided in the ['Declaration'](#) section of this handbook to ensure you complete the declaration correctly. Please note that we will only accept forms with an original signature.

NF35 Ceasing to carry on the business of the designated centre and close the centre Notification Form

You should send us the NF35 Notification Form if you intend to cease carrying on the business of a designated centre **and** close the designated centre. This requirement is outlined in [section 66](#) of the Health Act 2007 and you must notify us of your intention **not less than six months** before the intended date of closure.

Please note, if you are proposing to transfer ownership of the centre to a new provider the NF35 Notification Form is not applicable. In this instance, you (as the current registered provider) must provide us with written consent authorising the proposed incoming provider to engage with us as an applicant to register the designated centre.

Section 1. Designated centre details

Please complete this section as per the '[Designated centre details](#)' section of this guidance.

Section 2. Closure details

What is the proposed date you intend to close the centre?	01 May 2016
Please provide details of the closure:	

Please provide details such as the reason for closure or the transition plan for current residents. You can attach relevant documentation to the notification

Section 3. Declaration by the registered provider

Please read the guidance provided in '[Declaration](#)' section of this handbook to ensure you complete the declaration correctly. Please note that we will only accept forms with an original signature.

NF36A Change of Partner Notification Form

You must notify us **eight weeks** in advance if there is a proposed change of partner, that is to say, a new partner is appointed or a partner has resigned.

This form is **not applicable** where there is a **change of registered provider**, such as a change of partners that requires a new partnership agreement. In this instance an application to register must be submitted to us by the intended registered provider.

Section 1. Partnership details

Please complete this section as per the '[Registered provider details](#)' section of this guidance.

If the partnership will be dissolved, the new partnership must apply to register. It is an offence for the new partnership to carry on the business of the designated centre unless registered with us.

Please tick the checkbox provided to confirm the partnership, currently named on our register as registered provider, has **not been dissolved** as a result of this change (see example below).

Please confirm the partnership has not been **dissolved*** by ticking the box provided.



Section 2. New partners

For new partners please state the following for each person:

- their title, such as Ms, Mr, Dr, and their first name and surname, and
- the date the change will take effect

If the number of rows provided in this section is not sufficient for the number of new partners please continue on a photocopy of the page.

Section 3. Departing partners

For departing partners please state the following for each person:

- their title, such as Ms, Mr, Dr, and their first name and surname, and
- the date the change will take effect

If the number of rows provided in this section is not sufficient for the number of departing partners please continue on a photocopy of the page.

Section 4. Partnership authorisation

Please select from one of the following options — in this section you should tell us the partnership authorisation arrangements.

- **Option '1' checkbox** — each partner named in 'Section 4' is authorised to act independently on behalf of the partnership, and any **one** partner named in 'Section 4' is authorised to operate in all matters relating to the registration of the designated centre.
- **Option '2' checkbox** — each partner named in 'Section 4' must **operate together** in all matters relating to the registration of your designated centre.

If partners operate jointly, all authorised partners will be required to **sign all documentation** relating to the registration of the designated centre.

Partnership authorisation — please list the name of each partner that has been authorised to operate independently on behalf of the partnership.. Please state the first name and surname of each partner. If there are more than 10 partners, please continue on a photocopy of this section.

Section 5. Partnership authorisation declaration

Each partner should read and understand the authorisation declaration. By signing the declaration, each partner is agreeing that the partner or partners listed in 'Section 4' are authorised to operate independently in all matters regarding the registration of the designated centre. The declaration should include:

- the title, such as Ms, Mr, Miss, Dr, and their first name and surname (printed) of each partner
- **original signature** of each partner — we will only accept original signatures, so please do not send us a photocopy of this section
- the date the declaration was signed.

We will be unable to process your notification if the partnership authorisation declaration has not been signed by all partners (original signatures).

Section 6. Declaration by the registered provider

Please read the guidance provided in the '[Declaration](#)' section of this handbook to ensure you complete the declaration correctly. Please note that we will only accept forms with an original signature.

NF36B Change of Partnership Contact Information Notification Form

You must notify us **eight weeks** in advance if there is a proposed change to the contact information provided for the partnership at the time of registration.

This form is **not applicable** where there is a **change of registered provider**, such as a change of partner(s) that requires a new partnership agreement. In this instance an application to register must be submitted to us by the intended registered provider.

We will issue post and email correspondence to the contact information provided at the time of registration. If there is a change to the contact information that is currently on our register of designated centres it is vital that you inform us of this change.

Section 1. Partnership details

Please complete this section as per the ['Registered provider details'](#) section of this guidance.

Section 2. Change to the partnership name

- If there is a change to the partnership name please state new partnership name and the date the change will take effect.

Section 3. Change to the address or phone number of partnership

- If there is a change to the partnership address or partnership phone number please state the change and the date the change will take effect.

Section 4. Change to partnership email address

- If there is a change to the company email address please state the new company email address change and the date the change will take effect.

Section 5. Declaration by the registered provider

Please read the guidance provided in the ['Declaration'](#) section of this handbook to ensure you complete the declaration correctly. Please note that we will only accept forms with an original signature.

NF37A Change to Manager or Chairperson of an Unincorporated body Notification Form

You must notify us **eight weeks** in advance if there is a proposed change in the identity of the manager or chairperson of the unincorporated body.

This form is **not applicable** where there is a **change to the registered provider** entity that requires a new unincorporated body charter and or agreement. In this instance an application to register must be submitted to us by the intended registered provider.

Section 1. Unincorporated Body details

Please complete this section as per the ['Registered provider details'](#) section of this guidance.

Section 2. Change to the chairperson of the unincorporated body

If there has been a change to the chairperson please state the name of the person that has been appointed to the role, including their title, such as Ms, Mr, Dr, and their first name and surname, and complete the following **business contact information** for the person:

- **address** including eircode,
- **phone number** during business hours (9am to 5pm, Monday to Friday),
- **mobile number** (optional) if the person is not office based at all times, and
- **a valid email** address for the person.

Please state the full name of the departing chairperson.

Please state the date the change will take effect .

Section 3. Change to the manager of the unincorporated body

If there has been a change to the manager of the unincorporated body please state the name of the person that has been appointed to the role, including their title, such as Ms, Mr, Dr, and their first name and surname, and complete the following **business contact information** for the person:

- **address** including eircode,
- **phone number** during business hours (9am to 5pm, Monday to Friday),
- **mobile number** (optional) if the person is not office based at all times, and
- **a valid email** address for the person.

Please state the full name of the departing manager.

Please state the date the change will take effect.

Section 4. Declaration by the registered provider

Please read the guidance provided in the ['Declaration'](#) section of this handbook to ensure you complete the declaration correctly. Please note that we will only accept forms with an original signature.

NF37B Change to the Membership of an Unincorporated Body Notification Form

You must notify us **eight weeks** in advance if there is a proposed change in the identity of a member of the unincorporated body, such as a new member being appointed.

This form is **not applicable** where there is a **change to the registered provider** entity that requires a new unincorporated body charter and or agreement. In this instance an application to register must be submitted to us by the intended registered provider.

Please tick the checkbox provided to confirm the unincorporated body, currently named on our register as registered provider, has **not been dissolved** as a result of this change.

If the unincorporated body will be dissolved, the new body must apply to register. It is an offence for the new unincorporated body to carry on the business of the designated centre unless registered with us.

Section 1. Unincorporated Body details

Please complete this section as per the ['Registered provider details'](#) section of this guidance.

Section 2. New members of the unincorporated body

For new members please state the following for each person:

- their title, such as Ms, Mr, Dr, and their first name and surname, and
- the date the change will take effect

If the number of rows provided in this section is not sufficient for the number of new members please continue on a photocopy of the page.

Section 3. Departing members of the unincorporated body

For departing members please state the following for each person:

- their title, such as Ms, Mr, Dr, and their first name and surname, and

- the date the change will take effect

If the number of rows provided in this section is not sufficient for the number of departing members please continue on a photocopy of the page.

Section 4. Declaration by the registered provider

Please read the guidance provided in the '[Declaration](#)' section of this handbook to ensure you complete the declaration correctly. Please note that we will only accept forms with an original signature.

NF37C Change to Name or Contact Details of an Unincorporated Body Notification Form

You must notify us **eight weeks** in advance if there is a proposed change to the contact information provided for the unincorporated body at the time of registration.

This form is **not applicable** where there is a **change to the registered provider** entity that requires a new unincorporated body charter and or agreement. In this instance an application to register must be submitted to us by the intended registered provider.

We will issue post and email correspondence to the contact information provided at the time of registration. If there is a change to the contact information that is currently on our register of designated centres it is vital that you inform us of this change.

Section 1. Unincorporated Body details

Please complete this section as per the '[Registered provider details](#)' section of this guidance.

Section 2. Change to Unincorporated body name

- If there is a change to the unincorporated body name please state new unincorporated name and the date the change will take effect.

Section 3. Change to the address or phone number of Unincorporated body

- If there is a change to the unincorporated body or unincorporated body phone number please state the change and the date the change will take effect.

Section 4. Change to Unincorporated body email address

- If there is a change to the company email address please state the new company email address change and the date the change will take effect.

Section 5. Declaration by the registered provider

Please read the guidance provided in the '[Declaration](#)' section of this handbook to ensure you complete the declaration correctly. Please note that we will only accept forms with an original signature.

Annual Fee

Registered providers of designated centres for older people must pay an annual fee to HIQA based on the number of beds entered into the register under [section 49\(1\) of the Act](#).

How much is the annual fee?

The annual fee is €183 in respect of each resident for a full calendar year and is payable in three equal instalments on 1 January, 1 May, and 1 September. For example, if you are registered to accommodate 10 residents:

- your annual fee will be €1,830 (10 x €183)
- you will be required to make three payments of €610 (€1,830÷3) on 1 January, 1 May, and 1 September each year
- the fee payment due for each resident per billing period will be €61.

When should I pay my annual fee?

The Chief Inspector considers compliance with the regulation on the payment of annual fees to be essential to the ongoing registration of a designated centre.

The annual fee payment becomes due on 1 January, 1 May and 1 September each year in respect of each four month period immediately following those dates, and each instalment is payable not later than the last day of the calendar month in which the instalment falls due. For example, annual fees that fall due on 1 January are required to be paid by 31 January and so on.

It is the responsibility of each registered provider to remain in compliance with this and all regulatory requirements.

What if I fail to pay my annual fee on time?

Annual fees that have not been paid for the period in question become overdue on 1 February, 1 June and 1 October. Providers who fail to comply with this regulation will receive correspondences ranging from an initial reminder, up to and including a decision to refuse the application for or cancel the registration of the designated centre.

Consequently, failure to pay annual fees on time as outlined above may impact the registration of the designated centre.

How do I pay my annual fee?

As a public sector body, HIQA can only accept electronic payments. **Please do not send us a cheque, as it will be returned to you.** Please quote the following information when making your payment:

Account number	Your account number is issued to you on your 'demand for payment' or in the subject line of your billing email which has the 'demand for payment' attached. This number is: <ul style="list-style-type: none"> • 12 characters long, • starts with the letter 'D', • combines your centre ID (OSV) and, • ends with the numbers 001 or 002 and so on.
Centre name	Name of the designated centre
Account name	Health Information and Quality Authority
Bank name and address	Ulster Bank Ltd., 95 Main Street, Midleton, Co Cork
Bank sort code	98-54-90
Account number	01002186
IBAN	IE96 ULSB 9854 9001 0021 86
Swift/BIC	ULSB IE 2D

Annual Fee Notification Forms

Notification forms associated with the annual fee include the following:

- [NF60 Declaration of Occupancy](#) (Older Persons centres on our register of designated centres)
- [Annual Return Declaration of Occupancy](#) (Disability centres on the section 69 register)
- [Annual Return Declaration of Occupancy](#) (Special care units on the section 48 register).

Please read the guidance relevant to the type of notification that applies to you. We recommend you make your declaration using our online provider portal. This is the most efficient and secure method of submitting your NF60 or Annual Return Notification. Once you have clicked 'submit', you will receive confirmation that the notification has been submitted to us.

- You can register as a portal user by going to www.hiqa.ie or by clicking [here](#) and completing the online registration.
- Or, if you are currently registered as a portal user you can log in [here](#).

You can also send us your complete, signed form by post to: Registration Office, Regulatory Support Services, Health Information and Quality Authority, Unit 1301, City Gate, Mahon, Cork, T12 Y2XT or by email to: registration@hiqa.ie.

NF60 Declaration of Occupancy (Older Persons and Special care units)

The NF60 Notification Form applies to **registered providers** of designated centres for **older people** and Special care units only.

[Regulation 8\(3\) of the registration regulations](#) for older people and [Regulation 8\(3\) of the registration regulations](#) for Special care units states that the registered providers may send us an NF60 Notification Form if the number of residents accommodated at the designated centre on the 1 January, 1 May, and 1 September is **less** than the number currently entered on the register. This means your annual fee for that period will be based on the **lesser number**.

For example, if the designated centre is registered for 10 places, and the number of residents to be accommodated is outlined on the NF60 Notification Form as being eight people to be accommodated on 1 January, then the annual fee for that four-month period (1 January to end of April) will be €488 (€183 per resident x 8 residents ÷ 3 payment periods), if you submit an NF60 to that effect.

When should I submit the NF60 Notification Form?

We will only accept NF60 Notification Forms that have been submitted **between** the following dates:

- 1 January– 15 January for the January to April billing period
- 1 May– 15 May for the May to August billing period
- 1 September– 15 September for the September to December billing period.

We are unable to **accept** forms submitted before the first day of the billing period or after the 15th day of the billing period.

What will happen if I do not complete an NF60 Notification Form?

If you do not submit an NF60 Notification Form, your annual fee for that billing period will be based on the number of places entered on our [register](#) for your designated centre.

What if I my NF60 is incomplete or is incorrect?

We will not be in a position to process forms that are completed incorrectly and your annual fee for that billing period will be based on the number of places entered on our [register](#) for your designated centre.

Annual Return Declaration of Occupancy (Disability and Special care units)

The Annual Return Declaration of Occupancy Notification Form applies to registered providers of designated centres that are currently on the Section 69 Register (disability centres) and Section 48 Register (Special care units). This is a designated centre that is deemed to be registered for a transitional period, but has not yet been registered with HIQA.

Designated centres for disability — You should complete this form annually, stating the number of residents accommodated at the designated centre **on 1 November** until your designated centre is registered with HIQA. This is a legal requirement in line with [Regulation 10\(1\) of the registration regulations](#) for designated centres for persons with disabilities

Designated centres for Special care units — You should complete this form annually, stating the number of residents accommodated at the designated centre **on 1 January** until your designated centre is registered with HIQA. This is a legal requirement in line with [Regulation 9\(1\) of the registration regulations](#) for designated centres for Special care units.

When should I submit the Annual Return Notification Form?

We will only accept Annual Return Notification Forms that have been submitted **after**

- 1 November each year for Disability centres
- 1 January for Special care units.

We not will be able to accept forms submitted before this date.

What if there are no residents accommodated at the designated centre on 1 November? (Disability Centres) or 1 January (Special care units)?

You should submit your declaration stating '0'. Please note that it is an offence under [section 79](#) of the Health Act 2007 to knowingly make a statement which is false or misleading.



Issued by the Office of the Chief Inspector
Regulation Directorate
Health Information and Quality Authority (HIQA)
Unit 1301, City Gate,
Mahon,
Cork,
T12 Y2XT