

# Health Information and Quality Authority

## Application for the variation or removal of a condition\* of registration form



### Application criteria

- We will process your application on receipt of the following:
  1. Application **form**
  2. Application **fee**.
- The application form is made up of two '**Condition details**' sections; please complete one section for **each condition** you are applying to vary or applying to remove.
- If you are applying to vary or applying to remove **more than two** conditions of registration, please complete additional condition information, on a photocopy of the '**Conditions details**' section.

For guidance on how to complete the form and **how to pay your application fee**, please read our registration handbook available to download from [www.hiqa.ie](http://www.hiqa.ie)

Section 1. Designated 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"/>

\* As per [section 52](#) of the Health Act 2007.

**Section 2. Condition details**

For  
official  
use

Please state if you are applying to **vary** this condition or applying to **remove** this condition.

Applying to **vary**

Applying to **remove**

If you are applying to vary, please state the variation you are requesting.

Please state the **condition** you are applying to vary or applying to remove.

**Section 2. Condition details**

For  
official  
use

Please state the **reason** for the proposed variation or removal of a condition of registration.

Will there be **structural changes**<sup>†</sup> to the premises that are used as a designated centre.

Yes  No

If you have ticked '**Yes**', please provide details of the proposed change or changes and enclose a copy of the floor plans for the designated centre.

<sup>†</sup> Structural changes should fall within the registered floor plan of the designated centre. If the structural change is greater than the registered floor plan, you must complete an application to register.

## Section 2. Condition details

For  
official  
use

Will there be **additional** staff, facilities or equipment?

Yes  No

If you have ticked '**Yes**', please provide details of the proposed change or changes.

Will there be a change to the **management** of the centre, required to bring the proposed changes into effect.

Yes  No

If you have ticked '**Yes**', please provide details of the proposed change or changes and enclose a copy of the statement of purpose and function.

**Section 2. Condition details**

For  
official  
use

Do you have additional information or documentation<sup>‡</sup> to support your application to vary or remove this condition?

Yes  No

If you have ticked '**Yes**', please provide details.

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<sup>‡</sup> Please enclose any additional documentation with your application form.

**Section 3. Condition details (if applying for more than one condition)**

For official use

Please state if you are applying to **vary** this condition or applying to **remove** this condition.

Applying to **vary**

Applying to **remove**

If you are applying to vary, please state the variation you are requesting.

Please state the **condition** you are applying to vary or applying to remove.

Section 3. Condition details (if applying for more than one condition)		For official use
Please state the <b>reason</b> for the proposed variation or removal of a condition of registration.		<input type="checkbox"/>
Will there be <b>structural changes</b> <sup>§</sup> to the premises that are used as a designated centre.	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
If you have ticked ' <b>Yes</b> ', please provide details of the proposed change or changes and enclose a copy of the floor plans for the designated centre.		

<sup>§</sup> Structural changes should fall within the registered floor plan of the designated centre. If the structural change is greater than the registered floor plan, you must complete an application to register.

**Section 3. Condition details (if applying for more than one condition)**

For official use

Will there be **additional** staff, facilities or equipment?

Yes  No

If you have ticked '**Yes**', please provide details of the proposed change or changes.

Will there be a change to the **management** of the centre, required to bring the proposed changes into effect.

Yes  No

If you have ticked '**Yes**', please provide details of the proposed change or changes and enclose a copy of the statement of purpose and function.



Section 3. Condition details (if applying for more than one condition)		For official use
Do you have additional information or documentation** to support your application to vary or remove this condition?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
If you have ticked 'Yes', please provide details.		<input type="checkbox"/>

Section 4. Readiness of site for assessment and decision	For official use
By ticking this box the applicant confirms that at the time this application is submitted the site is ready for assessment and decision <sup>††</sup>	<input type="checkbox"/>
Please note that in the event that the site is not ready for assessment and decision the application will be refused.	<input type="checkbox"/>

\*\* Please enclose any additional documentation with your application form.

†† For more detailed guidance please refer to the Registration renewal and variation application handbook which is available on our website [www.higa.ie](http://www.higa.ie).

**Section 5. Declaration by the registered provider**For  
official  
use

I, the undersigned, declare that the information I have provided in this application 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 <sup>††</sup>	<input type="checkbox"/>
Signed		<input type="checkbox"/>
Date		<input type="checkbox"/>
Contact number (during office hours)		<input type="checkbox"/>

This 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)

<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 provider is a company, partnership or an unincorporated body.