

NF201**Notification Form**

Change of details

To be completed in conjunction with guidance published at www.hiqa.ie

Please complete section A1, C1 and any other section relevant to changes of details.
 For each change of details complete the original information along with the updated information.

Section A. Undertaking information

A1. Undertaking details		Original information¹	Updated information	For official use
Undertaking name				
Undertaking address	Address line 1			
	Address line 2			
	County			
	Eircode			
Undertaking email address				
Undertaking contact number				
Number of medical radiological installations ² under the undertaking's remit				
Date of effective change				

¹ Original information is the most **recent** undertaking information submitted to HIQA.

² Medical radiological installation means a facility where medical radiological procedures are performed.

A2(a). Original information - Undertaking representative details						For official use
No.	Undertaking representative name	Undertaking representative type	Undertaking representative job title	Undertaking representative email address	Undertaking representative contact number	
1.						
A2 (b). Updated information - Undertaking representative details						For official use
No.	Undertaking representative name	Undertaking representative type	Undertaking representative job title	Undertaking representative email address	Undertaking representative contact number	
1.						
Date of effective change						

A3(a). Original information - Information per medical radiological installation – Undertaking service type									For official use
No.	Medical radiological installation name	Medical radiological installation address (include Eircode)	Medical radiological installation service type						
			Dental	General Radiography	Radiotherapy	Nuclear Medicine	Interventional radiology/ cardiology		
1.									
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A3(b). Updated information - Information per medical radiological installation – Undertaking service type									For official use
No.	Medical radiological installation name	Medical radiological installation address (include Eircode)	Medical radiological installation service type					Date of effective change	
			Dental	General Radiography	Radiotherapy	Nuclear Medicine	Interventional radiology/ cardiology		
1.									
2.									
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A4(a). Original information - Information per medical radiological installation – Designated manager(s)³							For official use
No.	Medical radiological installation name	Medical radiological installation address (include Eircode)	Designated manager name	Designated manager job title	Designated manager email address	Designated manager contact number	
1.							
2.							
3.							
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5.							
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³ The Designated Manager must be engaged in and responsible for the day-to-day management of the medical radiological installation and must have the full support of the undertaking to ensure a safe and quality service is being delivered in the medical radiological installation. The named Designated Manager can be responsible for more than one medical radiological installation or service.

A4(b). Updated information - Information per medical radiological installation – Designated manager(s)								For official use
No.	Medical radiological installation name	Medical radiological installation address (include Eircode)	Designated manager name	Designated manager job title	Designated manager email address	Designated manager contact number	Date of effective change	
1.								
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Section B. Undertaking business changes

Note if a change of partnership or unincorporated body members changes the undertaking's legal entity, the undertaking is considered a new legal entity providing medical exposures and a change of details (NF201) form will not be accepted. See undertaking information handbook for further information.

B2(a). Original information - Partnership details

For
official
use

If you have selected partnership as the undertaking business type, please state the **names** of **all partners** in the partnership.

No.	Name	No.	Name	
1.		11.		
2.		12.		
3.		13.		
4.		14.		
5.		15.		
6.		16.		
7.		17.		
8.		18.		
9.		19.		
10.		20.		

B2(b). Updated information - Partnership details**For
official
use**

If you have selected partnership as the undertaking business type, please state the **names of all partners** in the partnership.

No.	Name	No.	Name	
1.		11.		
2.		12.		
3.		13.		
4.		14.		
5.		15.		
6.		16.		
7.		17.		
8.		18.		
9.		19.		
10.		20.		
Date of effective change				

B3(a). Original information - Unincorporated body detailsFor
official
use

If you have selected unincorporated body as the undertaking business type, please state the **name of each member of the unincorporated body**.

No.	Name	No.	Name	
1.		11.		
2.		12.		
3.		13.		
4.		14.		
5.		15.		
6.		16.		
7.		17.		
8.		18.		
9.		19.		
10.		20.		

B3(b). Updated information - Unincorporated body details**For
official
use**

If you have selected unincorporated body as the undertaking business type, please state the **name of each member of the unincorporated body**.

No.	Name	No.	Name	
1.		11.		
2.		12.		
3.		13.		
4.		14.		
5.		15.		
6.		16.		
7.		17.		
8.		18.		
9.		19.		
10.		20.		
Date of effective change				

Section C. Declaration of undertaking

C1. Declaration

For
official
use

I, the undersigned, **declare** as **the undertaking/on behalf of the undertaking** that the information I have provided in this notification form is true to the best of my knowledge and belief.

Signed by (tick as appropriate)	Sole trader		
	Partner of the partnership		
	Director of the company		
	Member of the committee of management or other controlling authority of an unincorporated body		
	Member of the board, directorate or other governance structure of the body corporate		
Name			
Job title			
Signature			
	Type your name in the signature field		
Date of signature			

- **Email** form to: radiationprotection@hiqa.ie
- **Telephone:** 01 8286750