


NF202	Notification Form Cessation of practice To be completed in conjunction with guidance published at www.hiqa.ie	 Health Information and Quality Authority <small>An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte</small>
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Section 1. Undertaking details ¹			For official use
Undertaking name			
Undertaking address	Address line 1		
	Address line 2		
	County		
	Eircode		
Undertaking email address			
Number of medical radiological installations ² under the undertaking's remit			

Section 2. Undertaking business type			For official use
Undertaking business type	Sole trader	<input type="checkbox"/>	
	Partnership	<input type="checkbox"/>	
	Company	<input type="checkbox"/>	
	Unincorporated body	<input type="checkbox"/>	
	Body corporate	<input type="checkbox"/>	
Company Registration Office number (if applicable)			

¹ Undertaking details must be the same as the most **recent** undertaking information submitted to HIQA.

² **This does not refer to individual items of equipment but the facility location.** Medical radiological installation means a facility where medical radiological procedures are performed.

Section 3A. Type of cessation				For official use
Please indicate type of cessation				
Cessation of undertaking ³ (If you select this option please proceed to Section 4)	<input type="checkbox"/>	Date of effective change		
Cessation of a medical radiological installation ⁴ (If you select this option complete section 3B only)	<input type="checkbox"/>			

Section 3B. Cessation of a medical radiological installation ⁴								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 cessation	
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
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18.								
19.								
20.								

³ Cessation of undertaking notifies HIQA that the undertaking is to cease practice, and is ceasing all medical radiological installations (facilities) under their remit.

⁴ Cessation of a medical radiological installation notifies HIQA that the undertaking is ceasing one or more radiological installations (facilities) under their remit, without ceasing the overall undertaking.

Section 4. 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	<input type="checkbox"/>	
	Partner of the partnership	<input type="checkbox"/>	
	Director of the company	<input type="checkbox"/>	
	Member of the committee of management or other controlling authority of an unincorporated body	<input type="checkbox"/>	
	Member of the board, directorate or other governance structure of the body corporate	<input type="checkbox"/>	
Name			
Job title			
Signature			
	Type your name in the signature field		
Date			

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