


NF06* Form	Health Information and Quality Authority Allegation, suspected or confirmed, of abuse to a resident[†]	 Health Information and Quality Authority <small>An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte</small>
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Section 1. Centre details	
Centre name	
Centre ID (OSV)	
Unit or ward name (if applicable)	

Section 2. Resident's details	
Residents unique identifier [†]	
Is this resident under the age of 18?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Describe the current status of the resident , such as physical or mental state:	

* Please complete this form with the Authority's statutory notification guidance. You can download the guidance at www.higa.ie

[†] As defined in the Authority's statutory notification guidance.

Section 2. Resident's details

Has an NF06 form been submitted for this person in the past 12 months?

Yes ☐ No ☐

If **yes**, how many NF06 forms have been previously submitted?

Section 3. Details of the allegation

Date of alleged abuse

Time of alleged abuse

Who **reported** the alleged abuse? Please select one of the following options:

Staff ☐ Resident ☐ Relative ☐ Visitor ☐ Other ☐

Date allegation was reported

Time allegation was reported

Role of the person who the allegation was reported to?

What **type** of abuse has been alleged?
Please tick the relevant box or boxes

- Physical ☐
- Sexual ☐
- Psychological ☐
- Financial or material ☐
- Neglect ☐
- An act of omission ☐
- Discriminatory ☐
- Institutional violence ☐
- Violation of personal integrity ☐
- Other ☐

If you have ticked **other**, please provide details:

Section 3. Details of the allegation

Who is the person alleged to have abused the resident?

Please tick the relevant box or boxes

- | | |
|----------------------|--------------------------|
| Nursing staff | <input type="checkbox"/> |
| Care staff | <input type="checkbox"/> |
| Administrative staff | <input type="checkbox"/> |
| Visiting consultant | <input type="checkbox"/> |
| Relative | <input type="checkbox"/> |
| Friend | <input type="checkbox"/> |
| Volunteer | <input type="checkbox"/> |
| Unknown | <input type="checkbox"/> |
| Other | <input type="checkbox"/> |

If you have ticked **other**, please provide details:

If you have identified a **staff member**, is the employee currently reporting for duty?

Yes ☐ No ☐

Please **provide details** of alleged abuse and immediate actions taken including:

1. actions taken with the **resident**.
2. actions taken with the **person** the allegation has been made against.

Section 4. Additional information

Please state the measures you have taken to ensure that **all** residents are safe:

Please state if you have notified the **resident's family** of the alleged abuse and provide details:

Please state if you have notified **An Garda Síochána** of the alleged abuse and provide an outline of the investigation:

Section 5. Declaration

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

Name (print)	
Position	Person in charge <input type="checkbox"/> Other <input type="checkbox"/>
If you ticked other , please specify your role in the designated centre	
Date	
Contact number (during office hours)	

The most secure and convenient way to submit the notification form is through the [HIQA Portal](#).

Should you wish to continue in hardcopy, please return the completed, signed form by email to notify@hiqa.ie **or** by post to:

Notifications Team
Health Information and Quality Authority
Dublin Regional Office
George's Court
George's Lane
Smithfield
Dublin 7

Tel: 01 814 7400