


|                       |  |  |
|-----------------------|--|--|
| <b>NF07*<br/>Form</b> | Health Information and Quality Authority<br><b>Allegation of misconduct<sup>†</sup> by the<br/>registered provider or by a member of<br/>staff</b> |  <b>Health<br/>Information<br/>and Quality<br/>Authority</b><br><small>An tÚdarás Um Fhaisnéis<br/>agus Cáilíocht Sláinte</small> |
|-----------------------|--|--|

| Section 1. Centre details            |  |  | For<br>official<br>use   |
|--------------------------------------|--|--|--------------------------|
| Centre name                          |  |  | <input type="checkbox"/> |
| Centre ID (OSV)                      |  |  | <input type="checkbox"/> |
| Unit or ward name<br>(if applicable) |  |  | <input type="checkbox"/> |

| Section 2. Allegation of misconduct                                     |  |                             |                          | For<br>official<br>use   |
|---|--|-----------------------------|--------------------------|--------------------------|
| Date of alleged<br>misconduct   |  | Date allegation<br>reported |                          | <input type="checkbox"/> |
| Who is the person that <b>reported</b> the<br>allegation of misconduct? |  | Resident                    | <input type="checkbox"/> | <input type="checkbox"/> |
|   |  | 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"/> |                          |
|   |  | Other                       | <input type="checkbox"/> |                          |

\* Please complete this form with the Authority's statutory notification guidance. You can download the guidance at [www.hiqa.ie](http://www.hiqa.ie)

<sup>†</sup> As defined in the Authority's statutory notification guidance.

| Section 2. Allegation of misconduct  |                               |                             | For official use         |
|--|-------------------------------|-----------------------------|--------------------------|
| If you have ticked <b>other</b> , please provide details:  |                               |                             | <input type="checkbox"/> |
| <b>Who</b> has the allegation of misconduct been made against?                                     | Registered provider           | <input type="checkbox"/>    | <input type="checkbox"/> |
|  | Staff member or staff members | <input type="checkbox"/>    |                          |
| If a staff member or staff members, what is their <b>role or roles</b> at the designated centre?   |                               |                             | <input type="checkbox"/> |
| Is there an <b>An Garda Síochána vetting</b> report on file for the staff member or staff members? | Yes <input type="checkbox"/>  | No <input type="checkbox"/> | <input type="checkbox"/> |
| Is the staff member or staff members currently <b>reporting for duty</b> ?                         | Yes <input type="checkbox"/>  | No <input type="checkbox"/> | <input type="checkbox"/> |

| Section 3. Details of the alleged misconduct             |  | For official use         |
|--|--|--------------------------|
| Please <b>provide details</b> of the alleged misconduct: |  | <input type="checkbox"/> |
|  |  |                          |

| Section 3. Details of the alleged misconduct   | For official use         |
|--|--------------------------|
| <p>What <b>immediate</b> actions have you have taken?</p>  | <input type="checkbox"/> |
| <p>Please provide an outline of the <b>internal investigation</b> and actions taken with the person or persons the allegation has been made against:</p> | <input type="checkbox"/> |
| <p>Please state the measures you have taken to ensure that <b>all residents<sup>‡</sup> are safe?</b></p>  | <input type="checkbox"/> |

<sup>‡</sup> Please note you are required to notify the Authority of any alleged abuse of a resident via an NF06 or any serious injury to a resident via an NF03.

### Section 3. Details of the alleged misconduct

For  
official  
use

Please include any **additional information** applicable to this notification:

### Section 4. Follow up documentation

Please submit the following documentation to the Authority within **20 working days** of this notification:

1. A copy of the registered provider's **internal investigation report** into the allegation of misconduct.
2. Where the internal investigation report is **not complete**:
  - a copy of the **draft report** outlining the steps that have been taken
  - the **reasons** why the internal investigation report is not complete
  - the **next steps** the registered provider intends to take to ensure the safety of the residents.

| Section 5. Declaration   |   | For official use         |
|--|---|--------------------------|
| 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)   |   | <input type="checkbox"/> |
| Position   | Person in charge <input type="checkbox"/> | <input type="checkbox"/> |
|  | Other <input type="checkbox"/>            |                          |
| If you ticked <b>other</b> , please specify your role in the designated centre   |   | <input type="checkbox"/> |
| Date   |   | <input type="checkbox"/> |
| Contact number (during office hours)   |   | <input type="checkbox"/> |

Please return the completed, signed form by email to [notify@hiqa.ie](mailto: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