


NF08* Form	Health Information and Quality Authority Staff member is the subject of review by a professional body[†]	 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. Details of the review	
What is the name of the professional body undertaking the review?	
What is the nature of the incident under review?	
Date of the review hearing (if known)	Not known <input type="checkbox"/>
Outcome of the review hearing (if known)	Not known <input type="checkbox"/>
What were the circumstances that led to a review of the professional body?	

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

[†] You are required to notify HIQA on any occasion where the registered provider becomes aware that a staff member is the subject of review by a professional body.

Section 2. Details of the review

Section 3. Staff member subject to the review

What is the **role** of the staff member who is subject to the professional review?

- | | |
|------------------------------------|--------------------------|
| Nursing staff | <input type="checkbox"/> |
| Social care worker | <input type="checkbox"/> |
| Person in charge | <input type="checkbox"/> |
| Person participating in management | <input type="checkbox"/> |
| Administration staff | <input type="checkbox"/> |
| Other | <input type="checkbox"/> |

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

Is the **staff member** currently reporting for duty?

Yes ☐ No ☐

Section 4. Registered provider

What **date** was the review known to the registered provider?

How was the registered provider informed of the review?

Has an **investigation** been undertaken by the registered provider?

Yes ☐ No ☐

If **yes**, please provide details of the investigation:

Has the review impacted on the welfare of the residents?

Yes ☐ No ☐

If **yes**, please provide details of the measures that have been put in place to safeguard the residents

Section 4. Registered provider

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

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