

**NF201C****Notification Form**

Change of medical radiological installation details or service type

To be completed in conjunction with guidance published at [www.hiqa.ie](http://www.hiqa.ie)

Section 1. Undertaking details		Original information	For official use
Undertaking <b>name</b>			
Undertaking <b>address</b>	Address line 1		
	Address line 2		
	County		
	Eircode		
Undertaking <b>email address</b>			
Undertaking <b>contact number</b>			
<b>Number</b> of medical radiological installations under the undertaking's remit			

Section 2. Medical radiological installation affected by the change								For official use
Medical radiological installation <b>name</b>	Medical radiological installation <b>address</b> (include Eircode)	Medical radiological installation <b>service type</b>						
		Dental	General Radiography	Radiotherapy	Nuclear Medicine	Interventional radiology/ cardiology	Computed Tomography	
Section 3. Change of medical radiological installation name						Date change will take effect	For official use	
Medical radiological installation <b>new name</b>								
Section 4. Change of medical radiological installation address						Date change will take effect	For official use	
Medical radiological installation <b>new address</b>								

Section 4. Change of medical radiological service type						Date change will take effect	For official use
Medical radiological installation <b>new service type</b>							
Dental	General Radiography	Radiotherapy	Nuclear Medicine	Interventional radiology/ cardiology	Computed Tomography		

Section 3 . 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			