

Health Information and Quality Authority

Application for the variation or removal of a condition* of registration form



Application criteria

- We will process your application on receipt of the following:
 1. Application **form**
 2. Application **fee**.
- The application form is made up of two '**Condition details**' sections; please complete one section for **each condition** you are applying to vary or applying to remove.
- If you are applying to vary or applying to remove **more than two** conditions of registration, please complete additional condition information, on a photocopy of the '**Conditions details**' section.

For guidance on how to complete the form and **how to pay your application fee**, please read our registration handbook available to download from www.hiqa.ie

Section 1. Designated centre details

Centre name	
Centre ID (OSV)	
Registered provider name (such as company name)	

* As per [section 52](#) of the Health Act 2007.

Section 2. Condition details

Please state if you are applying to **vary** this condition or applying to **remove** this condition.

Applying to **vary**

Applying to **remove**

If you are applying to vary, please state the variation you are requesting.

Please state the **condition** you are applying to vary or applying to remove.

Section 2. Condition details

Please state the **reason** for the proposed variation or removal of a condition of registration.

Will there be **structural changes** to the premises that are used as a designated centre.

Yes No

If you have ticked '**Yes**', please provide details of the proposed change or changes and enclose a copy of the floor plans for the designated centre.

Section 2. Condition details

Will there be **additional** staff, facilities or equipment?

Yes No

If you have ticked '**Yes**', please provide details of the proposed change or changes.

Will there be a change to the **management** of the centre, required to bring the proposed changes into effect.

Yes No

If you have ticked '**Yes**', please provide details of the proposed change or changes and enclose a copy of the statement of purpose and function.

Section 2. Condition details

Do you have additional information or documentation[‡] to support your application to vary or remove this condition?

Yes No

If you have ticked 'Yes', please provide details.

[‡] Please enclose any additional documentation with your application form.

Section 3. Condition details (if applying for more than one condition)

Please state if you are applying to **vary** this condition or applying to **remove** this condition.

Applying to **vary**

Applying to **remove**

If you are applying to vary, please state the variation you are requesting.

Please state the **condition** you are applying to vary or applying to remove.

Section 3. Condition details (if applying for more than one condition)

Please state the **reason** for the proposed variation or removal of a condition of registration.

Will there be **structural changes** to the premises that are used as a designated centre.

Yes No

If you have ticked '**Yes**', please provide details of the proposed change or changes and enclose a copy of the floor plans for the designated centre.

Section 3. Condition details (if applying for more than one condition)

Will there be **additional** staff, facilities or equipment?

Yes No

If you have ticked '**Yes**', please provide details of the proposed change or changes.

Will there be a change to the **management** of the centre, required to bring the proposed changes into effect.

Yes No

If you have ticked '**Yes**', please provide details of the proposed change or changes and enclose a copy of the statement of purpose and function.

Section 3. Condition details (if applying for more than one condition)

Do you have additional information or documentation** to support your application to vary or remove this condition?

Yes No

If you have ticked 'Yes', please provide details.

Section 4. Readiness of site for assessment and decision

By ticking this box the applicant confirms that at the time this application is submitted the site is ready for assessment and decision††

Please note that in the event that the site is not ready for assessment and decision the application will be refused.

** Please enclose any additional documentation with your application form.

†† For more detailed guidance please refer to the Registration renewal and variation application handbook which is available on our website www.hiqa.ie.

Section 5. Declaration by the registered provider

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

Name (print)	
Position	Director <input type="checkbox"/> Partner <input type="checkbox"/> Individual/sole trader <input type="checkbox"/> Member of the committee of management or other controlling authority of the unincorporated body <input type="checkbox"/> Person responsible on behalf of the statutory body <input type="checkbox"/> Authorised signatory for and on behalf of the registered provider ^{††} <input type="checkbox"/>
Signed	
Date	
Contact number (during office hours)	

This form should be posted to:

Registration Office Regulatory Support Services
Health Information and Quality Authority
Unit 1301, City Gate, Mahon, Cork
T12 Y2XT

Telephone no: (021) 240 9340

Email: registration@hiqa.ie

^{††} A letter of authorisation notifying the Chief Inspector of the appointment of an authorised signatory must be sent by post in advance of the authorised signatory exercising signing authority. This letter must contain certain information which is set out in our Regulatory Notice which is available to download from our website www.hiqa.ie. This is only applicable if the registered provider is a company, partnership or an unincorporated body.