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| Form A | Notification Form Commencement of IPAS Provision of Services by a Provider To be completed in conjunction with The Guide to Monitoring IPAS document available at www.hiqa.ie |  Health Information and Quality Authority <small>An tÚdarás Um Fhaisnéis agus Cállocht Sláinte</small> |
|---------------|---|--|

| Section A. IPAS Accommodation Centre information | | | |
|---|----------------|--|------------------|
| A1. Service Provider details | | | For official use |
| Service Provider name | | | |
| Service Provider address | Address line 1 | | |
| | Address line 2 | | |
| | Address line 3 | | |
| | County | | |
| | Country | | |
| | Eircode | | |
| Service Provider email address | | | |
| Service Provider contact number | | | |
| Service Provider contact person first name | | | |
| Service Provider contact person last name | | | |
| Service Provider contact person job title | | | |
| Service Provider contact person email address | | | |
| Service Provider contact person contact number | | | |

| A2. Centre details | | | For official use |
|-----------------------|----------------|--|------------------|
| Centre name | | | |
| Centre address | Address line 1 | | |
| | Address line 2 | | |
| | Address line 3 | | |

| | | | |
|------------------------------|---------|--|--|
| | County | | |
| | Eircode | | |
| Centre email address | | | |
| Centre contact number | | | |

| A3. Additional Centre details | | | For official use |
|--|--|---------------------------|-------------------------|
| What type of accommodation is provided? <i>Please select applicable options:</i> | | Own Door Units | |
| | | Family Units | |
| | | Female Only Accommodation | |
| | | Male Only Accommodation | |
| | | Mixed Accommodation | |
| | | Other | |
| If other, please specify: | | | |
| What is the contracted bed number of the centre? | | | |

| Section B. Date of Commencement of the Centre | | |
|--|--|-------------------------|
| B1. Commencement Date | | For official use |
| Date on which the centre will commence providing services | | |

| Section C. Declaration by the Department of Children, Equality, Disability, Integration and Youth | | |
|--|--|-------------------------|
| C1. Declaration | | For official use |
| I, the undersigned, declare as an authorised representative of the Department of Children, Equality, Disability, Integration and Youth that the above named centre is designated by the Minister to be an accommodation centre at which the material reception conditions shall be made available to recipient(s) in accordance with Regulation 7 of the European Communities (Reception Conditions) Regulations 2018 and the information provided in this form is accurate. | | |
| Name | | |
| Job title | | |

| | | |
|-----------|--|--|
| Signature | | |
| | Type your name in the signature field | |
| Date | | |

Please email completed form to: ipasmonitoring@hiqa.ie
Please ensure Form A is clearly stated in the email subject bar