


Form B	<p>Notification Form</p> <p>Cessation of IPAS Provision of Services by a Provider</p> <p>To be completed in conjunction with The Guide to Monitoring IPAS document available at www.higa.ie</p>	 <p>Health Information and Quality Authority An tÚdarás Um Fhaisnéis agus Cálíocht Sláinte</p>
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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		

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		

Section B. Date of Cessation of Services at the Centre

B1. Cessation Date

**For
official
use**

Date on which the centre will **cease providing services**

Section C. Transition of Residents and Service Planning

C1. Service Planning

**For
official
use**

Please outline below the plans in place for supporting residents living at this centre currently, including the provision of alternative accommodation.

Section D. Declaration by the Department of Children, Equality, Disability, Integration and Youth

D1. 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 will no longer be 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 as per the date specified and the information provided is accurate.

Name		
Job title		
Signature		
	Type your name in the signature field	
Date		

Please email completed form to: ipasmonitoring@higa.ie

Please ensure Form B is clearly stated in the email subject bar