Form B

Notification Form Cessation of IPAS Provision of Services by a Provider



To be completed in conjunction with The Guide to Monitoring IPAS document available at www.higa.ie

| 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 Cer | ntre | |
|---|------|------------------------|
| 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. | | |
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| 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 | | | | |
| Cianaturo | | | | |
| Signature | Type your name in the signature field | | | |
| Date | | | | |

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