Form A	**Notification Form** **First Allocation of Accommodation in an Accommodation Centre** **To be completed in conjunction with** **The Guide to Monitoring IPAS document available at www.hiqa.ie**	Health Information and Quality Authority An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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? *Please select applicable options:*		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. Date of First Allocation of Accommodation in the Centre		**For official use**
Date on which **applicants were first allocated accommodation in this accommodation centre**		

Section C. Declaration		
C1. Declaration		**For official use**
I, the undersigned, declare as an authorised representative of the government department responsible for International Protection Accommodation Services, that applicants were first allocated accommodation in this accommodation centre in accordance with the International Protection Act 2026 on the date specified above, and that 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