Form B	**Notification Form** **Cessation of 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**			

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**			

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Section B. Date of Cessation of Services at the Centre		
B1. Cessation Date		**For official use**
Date on which the accommodation centre **ceased 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 applicants living at this centre at the time of cessation, including the provision of alternative accommodation.	

Section D. Declaration		
D1. Declaration		**For official use**
I, the undersigned, declare as an authorised representative of the government department responsible for International Protection Accommodation Services, that the above named centre ceased to operate as an accommodation centre as defined by the Internation Protection Act 2026, 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@hiqa.ie

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