


<b>NF08*</b>	Health Information and Quality Authority	 <b>Health Information and Quality Authority</b> <small>An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte</small>
<b>Form</b>	<b>Person in charge is the subject of review</b>	
<b>DCOP</b>	<b>by a professional body<sup>†</sup></b>	

Section 1. Centre details	
Centre name	
Centre ID (OSV)	
Unit or ward name (if applicable)	

Section 2. Details of the review	
What is the name of the <b>professional body</b> undertaking the review?	
What is the nature of the <b>incident</b> under review?	
<b>Date</b> of the review hearing (if known)	Not known <input type="checkbox"/>
<b>Outcome</b> of the review hearing (if known)	Not known <input type="checkbox"/>
What were the <b>circumstances</b> that led to a review of the professional body?	

\* Please complete this form using HIQA's statutory notification guidance. You can download the guidance at [www.hiqa.ie](http://www.hiqa.ie)

<sup>†</sup> You are required to notify HIQA on any occasion where the registered provider becomes aware that a staff member is the subject of review by a professional body.

## Section 2. Details of the review

Is the person in charge currently reporting for duty?

Yes

No

### Section 3. Registered provider

What **date** was the review known to the registered provider?

**How** was the registered provider informed of the review?

Has an **investigation** been undertaken by the registered provider?

Yes  No

If **yes**, please provide details of the investigation:

Has the review impacted on the welfare of the residents?

Yes  No

If **yes**, please provide details of the measures that have been put in place to safeguard the residents

### Section 3. Registered provider

Please include any **additional information** applicable to this notification:

### Section 4. Declaration

I, the undersigned, declare that the information I have provided in this notification form is true to the best of my knowledge and belief.

Name (print)	
Position	Registered provider <input type="checkbox"/>
	Other <input type="checkbox"/>
If you ticked <b>other</b> , please specify your role in the designated centre	
Date	
Contact number (during office hours)	

The most secure and convenient way to submit the notification form is through the [HIQA Portal](#).

Should you wish to continue in hardcopy, please return the completed, signed form by email to [notify@hiqa.ie](mailto:notify@hiqa.ie) **or** by post to:

Notifications Team

Health Information and Quality Authority

Dublin Regional Office

George's Court

George's Lane

Smithfield

Dublin 7

Tel: 01 814 7400