

# Health Information and Quality Authority

## Application for the variation or removal of a condition\* of registration form



### Application criteria

- We will process your application on receipt of the following:
  1. Application **form**
  2. Application **fee**.
  3. **Additional documentation (where required)**
- Please list each condition you are applying to vary or applying to remove **separately**. If you are applying to vary or applying to remove more than **two conditions** of registration, please complete additional condition information, on a photocopy of the '**conditions details**' section.
- If the condition you are applying to vary or remove references floor plans or the statement of purpose, these updated documents must be submitted with your application.

For guidance on how to complete the form and **how to pay your application fee**, please read our registration handbook available to download from [www.hiqa.ie](http://www.hiqa.ie)

### Section 1. Designated centre details

Centre name	
Centre ID (OSV)	

\* As per [section 52](#) of the Health Act 2007.

Registered provider name (such as company name)	
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## Section 2. Condition details

Please state the **condition** and the **condition number** you are applying to vary or applying to remove.

<b>Condition number</b>	
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**Condition:**

Please state if you are applying to **vary** this condition or applying to **remove** this condition.

Applying to <b>vary</b>	<input type="checkbox"/>	Applying to <b>remove</b>	<input type="checkbox"/>
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If you are applying to vary, please state the variation you are requesting.

## Section 2. Condition details

Please state the **reason** for the proposed variation or removal of a condition of registration. (Include proposed amended statement of purpose related to the change requested)

**Reason** for the proposed variation or removal of a condition of registration:

Statement of purpose included? Yes ☐ No ☐

Will there be **structural changes** or **changes to the footprint** of the registered designated centre.

Yes ☐ No ☐

If you have ticked '**Yes**', please enclose the following information if relevant:

Floor plan included? Yes ☐ No ☐

## Readiness of site for assessment and decision

By ticking this box the applicant confirms that at the time this application is submitted the site is ready for assessment and decision<sup>†</sup>

☐

Please note that in the event that the site is not ready for assessment and decision the application will be refused.

Detail the impact of the change for residents and any actions you have taken or intend to take.

<sup>†</sup> For more detailed guidance please refer to the Registration renewal and variation application handbook which is available on our website [www.higa.ie](http://www.higa.ie).

## Section 2. Condition details

Do you have additional information or documentation<sup>‡</sup> to support your application to vary or remove this condition?

Yes ☐ No ☐

If you have ticked '**Yes**', please provide details.

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<sup>‡</sup> Please enclose any additional documentation with your application form.

### Section 3. Condition details (if applying for more than one condition)

Please state the **condition** and the **condition number** you are applying to vary or applying to remove.

<b>Condition number</b>	
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**Condition:**

Please state if you are applying to **vary** this condition or applying to **remove** this condition.

Applying to <b>vary</b>	<input type="checkbox"/>	Applying to <b>remove</b>	<input type="checkbox"/>
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If you are applying to vary, please state the variation you are requesting.

Please state the **reason** for the proposed variation or removal of a condition of registration. (Include proposed amended statement of purpose related to the change requested)

**Reason** for the proposed variation or removal of a condition of registration:

### Section 3. Condition details (if applying for more than one condition)

Statement of purpose included? Yes ☐ No ☐

Will there be **structural changes** to the premises that are used as a designated centre.

Yes ☐ No ☐

If you have ticked '**Yes**', please enclose the following information if relevant:

Floor plan included? Yes ☐ No ☐

#### Readiness of site for assessment and decision

By ticking this box the applicant confirms that at the time this application is submitted the site is ready for assessment and decision<sup>§</sup>

Please note that in the event that the site is not ready for assessment and decision the application will be refused.

☐

Detail the impact of the change for residents and any actions you have taken or intend to take.

Do you have additional information or documentation<sup>\*\*</sup> to support your application to vary or remove this condition?

Yes ☐ No ☐

<sup>§</sup> For more detailed guidance please refer to the Registration renewal and variation application handbook which is available on our website [www.higa.ie](http://www.higa.ie).

<sup>\*\*</sup> Please enclose any additional documentation with your application form.

### Section 3. Condition details (if applying for more than one condition)

If you have ticked '**Yes**', please provide details.

If you are applying to vary or applying to remove **more than two** conditions of registration, please complete additional condition information, on a photocopy of the '**Conditions details**' section.

#### Section 4. Declaration by the registered provider

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

Name (print)	
Position	<div>Director <input type="checkbox"/></div> <div>Partner <input type="checkbox"/></div> <div>Individual/sole trader <input type="checkbox"/></div> <div>Member of the committee of management or other controlling authority of the unincorporated body <input type="checkbox"/></div> <div>Person responsible on behalf of the statutory body <input type="checkbox"/></div> <div>Authorised signatory for and on behalf of the registered provider<sup>††</sup> <input type="checkbox"/></div>
Signed	
Date	
Contact number (during office hours)	

<sup>††</sup> A letter of authorisation notifying the Chief Inspector of the appointment of an authorised signatory must be sent by post in advance of the authorised signatory exercising signing authority. This letter must contain certain information which is set out in our Regulatory Notice which is available to download from our website [www.hiqa.ie](http://www.hiqa.ie). This is only applicable if the registered provider is a company, partnership or an unincorporated body.



This form should be posted to:

Registration Office Regulatory Support Services

Health Information and Quality Authority

Unit 1301, City Gate, Mahon, Cork

T12 Y2XT

Telephone no: (021) 240 9340

Email: [registration@higa.ie](mailto:registration@higa.ie)