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| NF30A | Health Information and Quality Authority |  Health Information and Quality Authority An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte |
| Form | Change of Person in Charge* of a Designated Centre for Older People | |
| DCOP | | |

| Section 1. Designated centre details | |
|---|--|
| Centre name | |
| Centre ID (OSV) | |
| Registered provider name (such as company name) | |
| Do you currently have an open application to register or renew the registration of the designated centre? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If you answered yes , do you want to update the open application with the information provided on this form? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

| Section 2. Change[†] of person in charge | |
|---|--|
| Name of the departing[†] person in charge | |
| Date the departing person will cease or has ceased to be in charge | |
| Has a new person been appointed to be in charge of the centre? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| I understand if a deputising arrangement has been in place this will end when the current Person in Charge is removed from the register | Tick to confirm <input type="checkbox"/> |

* This is a statutory notification as per the Health Act 2007 and regulations thereunder.

Section 3. Appointment of new[†] person in charge

If you have ticked **yes** to the appointment of a new person in charge, please complete the following:

Name of the new person in charge.

Date this person will commence the role of person in charge.

In addition to the NF30 form, please complete:

- **Section 5:** Prescribed information for the person in charge of a designated centre for **older persons** (DCOP)

Section 4. No new person in charge appointed

If you have ticked **no** to the appointment of a new person in charge, please state the following in the box below:

1. **Why** another person has not been appointed to the role of person in charge and,
2. The **arrangements** that you have put in place.

[†] Please read our **guidance** for an explanation of recently submitted and valid documentation. Our guidance is available to download from our website www.higa.ie

Section 5. Prescribed information for the person in charge (PIC) of a designated centre for older persons (DCOP)

| The following prescribed information for the PIC must accompany your notification form. | Enclosed | Recently submitted |
|--|--------------------------|--------------------------|
| 1. Personal information form – PIFs must be included with every new appointment of PIC regardless of when last submitted. | <input type="checkbox"/> | N/A |
| 2. Copy of current photo identification | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Copy of a current Garda vetting disclosure for the person | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Copy of the person's relevant qualifications as identified in the personal information form | <input type="checkbox"/> | <input type="checkbox"/> |

If you have ticked "**recently submitted**" to any of the items above, please provide the centre name, centre ID (OSV), and date the documentation was submitted.[‡]

[‡] Please read our **guidance** for an explanation of recently submitted and valid documentation. Our guidance is available to download from our website www.higa.ie

Section 6. Declaration by the registered provider

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

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

** 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 *Registration Handbook*, which is available to download from our website www.higa.ie. This is only applicable if the registered provider is a company, partnership or an unincorporated body.

The most secure and convenient way to submit the notification form and prescribed information is through the HIQA Portal:

<https://portal.hiqa.ie/User/Login?ReturnUrl=%2f>

Should you wish to continue in hardcopy, please post the form 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@hiqa.ie