

Health Information and Quality Authority

Personal Information Form*



Section 1. Designated centre details.

Centre name	
Centre ID (OSV)	

Section 2. Contact details for the person.

Please tick the relevant role	Person in charge (PIC) <input type="checkbox"/>
	Person participating in management (PPIM) <input type="checkbox"/>
Title	Ms <input type="checkbox"/> Miss <input type="checkbox"/> Mrs <input type="checkbox"/> Mr <input type="checkbox"/> Other <input type="checkbox"/> ____
First name	
Surname	
Previously known as [†]	
Job title	
Start date (current role)	

* This form should be completed by the registered provider in respect of the person in charge and each person participating in management at the designated centre. Please enclose this form with your **registration pack** or **notification pack**, as applicable.

[†] If the name in the registration documentation submitted by the PIC/PPIM differs from their official identification, please send in relevant documentation verifying the name change (e.g. marriage certificate, D-Poll, etc.)

Section 2. Contact details for the person.

Business phone number

Business mobile number
(optional)

Business email address

Section 3. Registration with a professional regulatory body.**Professional body****Registration number****Registration status**

Section 4. Qualifications.

Please list **relevant** qualifications or accredited training for the person.

Name of qualification	Name of awarding body	Date of award

Section 5. Employment history.

Please provide a **full** employment history, together with a satisfactory history of any gaps in employment, starting with the person's current role.

Start and end date	Employer/ organisation's name and address	Job title and position details	Reason for leaving

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Section 6. Verification of previous employment.

Has this person ever worked with vulnerable adults or children in a previous role?

Yes ☐ Please go to subsection 6.1

No ☐ Please go to section 7

Subsection 6.1

Have you verified the reason why the employment or position(s) has ended for each period of employment?

Yes ☐ No ☐

If you ticked **no**, please provide details of why you have **not verified** the reason the person's employment or position(s) ended.

If you ticked **yes**, are you satisfied with the reasons given for why the employment or position ended?

Yes ☐ No ☐

If **no**, please provide details of why you are **not satisfied** with the reasons given for why the person's employment or position(s) ended.

Section 7. Declaration by the registered provider.

Name (print)		
Position	Director	<input type="checkbox"/>
	Partner	<input type="checkbox"/>
	Individual or 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/intended 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 Regulatory Notice which is available to download from our website www.higa.ie. This is only applicable if the registered/intended registered provider is a company, partnership or an unincorporated body.

The 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