


<b>NF30C</b>  <b>Form</b>	Health Information and Quality Authority  <b>Return of the Person in Charge*</b> <b>following an absence of longer than 28</b> <b>days</b>	 <b>Health Information and Quality Authority</b> <small>An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte</small>
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Section 1. Designated centre details	
Centre name	
Centre ID (OSV)	
Registered provider name (such as company name)	
Do you currently have an <b>open application to register or renew</b> the registration of the designated centre?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If you answered <b>yes</b> , 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. Return of the person in charge following an absence	
Name of the person in charge <b>returning</b> following an absence	
Name of the person who was <b>appointed</b> during the absence	
<b>Date</b> of return of the absent person in charge	

\* This is a statutory notification as per the Health Act 2007 and regulations there under.

### Section 3. 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 <sup>†</sup> <input type="checkbox"/>
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.higa.ie](http://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](mailto:registration@hiqa.ie)