

<b>DCOP NF39C Form</b>	<b>Health Information and Quality Authority</b> Designated centres for older people ( <b>DCOP</b> ) <b>Quarterly notification of incidents*</b> <b>NF39C Any recurring pattern of theft or burglary</b>	 <b>Health Information and Quality Authority</b> An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte
--------------------------------	--	---

<b>Section 1. Centre details.</b>
-----------------------------------

Centre name	
Centre ID (OSV)	
Unit or ward name (if applicable)	
Reporting <b>year</b>	
Reporting <b>quarter</b>	<b>Quarter 1</b> (Jan, Feb, Mar) <b>Quarter 2</b> (Apr, May, Jun) <b>Quarter 3</b> (Jul, Aug, Sep) <b>Quarter 4</b> (Oct, Nov, Dec)

\* Please complete this form with HIOA's notification guidance. You can download the guidance at [www.hioa.ie](http://www.hioa.ie)

## Section 2. Recurring pattern of theft or burglary.

Two or more occasions of theft or burglary at the designated centre.

#	Details of incident (1)	
1.	Date burglary/ theft discovered	
2.	Type of injured party	Resident Other
3.	Type of item stolen	Cash Personal belongings Pharmaceuticals Others
4.	Details of incident	
5.	Actions taken in response	
#	Details of incident (2)	
1.	Date burglary/ theft discovered	
2.	Type of injured party	Resident Other
3.	Type of item stolen	Cash Personal belongings Pharmaceuticals Other
4.	Details of incident	
5.	Actions taken in response	

## Section 2. Recurring pattern of theft or burglary.

Two or more occasions of theft or burglary at the designated centre.

#	Details of incident (3)	
1.	Date burglary/ theft discovered	
2.	Type of injured party	Resident Other
3.	Type of item stolen	Cash Personal belongings Pharmaceuticals Others
4.	Details of incident	
5.	Actions taken in response	
#	Details of incident (4)	
1.	Date burglary/ theft discovered	
2.	Type of injured party	Resident Other
3.	Type of item stolen	Cash Personal belongings Pharmaceuticals Other
4.	Details of incident	
5.	Actions taken in response	

## Section 2. Recurring pattern of theft or burglary.

Two or more occasions of theft or burglary at the designated centre.

#	Details of incident (5)	
1.	Date burglary/ theft discovered	
2.	Type of injured party	Resident Other
3.	Type of item stolen	Cash Personal belongings Pharmaceuticals Others
4.	Details of incident	
5.	Actions taken in response	
#	Details of incident (6)	
1.	Date burglary/ theft discovered	
2.	Type of injured party	Resident Other
3.	Type of item stolen	Cash Personal belongings Pharmaceuticals Other
4.	Details of incident	
5.	Actions taken in response	

## Section 2. Recurring pattern of theft or burglary.

Two or more occasions of theft or burglary at the designated centre.

# Details of incident (7)	
1.	Date burglary/ theft discovered
2.	Type of injured party Resident Other
3.	Type of item stolen Cash Personal belongings Pharmaceuticals Others
4.	Details of incident
5.	Actions taken in response
# Details of incident (8)	
1.	Date burglary/ theft discovered
2.	Type of injured party Resident Other
3.	Type of item stolen Cash Personal belongings Pharmaceuticals Other
4.	Details of incident
5.	Actions taken in response

### Section 3. 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	Person in charge Authorised signatory for and on behalf of the registered provider
Signed	
Date	
Contact number (during office hours)	

This form should be either:

- **emailed** to: [dcop@hiqa.ie](mailto:dcop@hiqa.ie) or,
- **posted** to: DCOP Regulatory Support Team, Regulatory Support Services, Health Information and Quality Authority, Head Office, Unit 1301, City Gate, Mahon, Cork, T12 Y2XT.

Telephone no: (021) 240 9300

Email: [dcop@hiqa.ie](mailto:dcop@hiqa.ie)