

Health Information and Quality Authority

**Personal Information Form<sup>1</sup>**

**Designated Centre – Special Care Unit (DCSC)**



Section 1. Designated centre details		For official use
Centre name		<input type="checkbox"/>
Centre ID (OSV)		<input type="checkbox"/>

Section 2. Contact details for the person		For official use
Please tick the relevant role	Person in charge (PIC) <input type="checkbox"/>	<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"/> ____	<input type="checkbox"/>
First name		<input type="checkbox"/>
Surname		<input type="checkbox"/>
Job title		<input type="checkbox"/>
Start date (current role)		<input type="checkbox"/>

<sup>1</sup> 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.

Section 2. Contact details for the person		For official use
Business phone number		<input type="checkbox"/>
Business mobile number (optional)		<input type="checkbox"/>
Business email address		<input type="checkbox"/>

Section 3. Registration with a professional regulatory body			For official use
Professional body	Registration number	Registration status	
			<input type="checkbox"/>

**Section 4. Qualifications**Please list **relevant** qualifications or accredited training for the person.For  
official  
use

Name of qualification	Name of awarding body	Date of award	
			<input type="checkbox"/>

**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.

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Start and end date	Employer/ organisation name and address	Job title and position details	Reason for leaving	
				<input type="checkbox"/>

**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.

For  
official  
use

Start and end date	Employer/ organisation name and address	Job title and position details	Reason for leaving	
				<input type="checkbox"/>

Section 5. Employment history				For official use
Please provide a <b>full</b> 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 name and address	Job title and position details	Reason for leaving	
				<input type="checkbox"/>

Please continue on a separate photocopy of this section, if necessary.

Section 6. Verification of previous employment		For official use
Has this person ever worked with vulnerable adults or children in a previous role?	Yes <input type="checkbox"/> Please go to subsection 6.1	<input type="checkbox"/>
	No <input type="checkbox"/> Please go to section 7	

Subsection 6.1		For official use
Have you verified the reason why the employment or position(s) has ended for each period of employment?	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
If you ticked <b>no</b> , please provide details of why you have <b>not verified</b> the reason the person's employment or position(s) ended.		<input type="checkbox"/>
If you ticked <b>yes</b> , are you satisfied with the reasons given for why the employment or position ended?	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
If <b>no</b> , please provide details of why you are <b>not satisfied</b> with the reasons given for why the person's employment or position(s) ended.		<input type="checkbox"/>

<b>Section 7. Details of previous experience</b>		For official use
Has this person ever participated in the management of a special care unit or services registered with another regulator or social care sector in Ireland or in another state?	Yes <input type="checkbox"/> Please go to subsection 7.1	<input type="checkbox"/>
	No <input type="checkbox"/> Please go to section 8	

<b>Subsection 7.1</b>	For official use
Please list the designated centres which this person has participated in the management of, in Ireland or a similar service outside of Ireland.	<input type="checkbox"/>

Section 8. Declaration by the registered provider		For official use
I, the undersigned, having been authorised to do so, declare that the information I have provided in this form is true to the best of my knowledge and belief.		
Name (print)		<input type="checkbox"/>
Position	Person responsible on behalf of the statutory body <input type="checkbox"/>	<input type="checkbox"/>
Signed		<input type="checkbox"/>
Date		<input type="checkbox"/>
Contact number (during office hours)		<input type="checkbox"/>

Please return this form with your **registration pack** or **notification pack** 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)