


NF200	Notification Form Declaration of undertaking To be completed in conjunction with guidance published at www.higa.ie	 Health Information and Quality Authority <small>An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte</small>
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Definition of an undertaking

An “undertaking” means a person or body, in the course of a trade, business or other undertaking, who carries out (other than as an employee), or engages others to carry out, a medical radiological procedure or the practical aspects of a medical radiological procedure.¹

Section A. Undertaking information			
A1. Undertaking details			For official use
Undertaking name			
Undertaking address	Address line 1		
	Address line 2		
	County		
	Eircode		
Undertaking email address			
Undertaking contact number			
Number of medical radiological installations ² under the undertaking’s remit			

¹ 1 European Union (Basic Safety Standards For Protection Against Dangers Arising From Medical Exposure To Ionising Radiation) Regulations 2018, as amended.

² **This does not refer to individual items of equipment but the facility location.** Medical radiological installation means a facility where medical radiological procedures are performed.

A2. Undertaking representative details						For official use
No.	Undertaking representative name	Undertaking representative type	Undertaking representative job title	Undertaking representative email address	Undertaking representative contact number	
1.						

A3. Information per medical radiological installation – Undertaking service type									For official use
No.	Medical radiological installation name (service location)	Medical radiological installation address (include Eircode)	Medical radiological installation service type						
			Dental	General Radiography	Radiotherapy	Nuclear Medicine	Interventional radiology/ cardiology	Computed Tomography	
1.									
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A4. Information per medical radiological installation – Designated manager(s) ³							For official use
No.	Medical radiological installation name (service location)	Medical radiological installation address (include Eircode)	Designated manager name	Designated manager job title	Designated manager email address	Designated manager contact number	
1.							
2.							
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20.							

³ The Designated Manager must be engaged in and responsible for the day-to-day management of the medical radiological installation and must have the full support of the undertaking to ensure a safe and quality service is being delivered in the medical radiological installation. The named Designated Manager can be responsible for more than one medical radiological installation or service.

Section B. Undertaking business type information

B1. Undertaking business type

For
official
use

Undertaking business type	Partnership		Proceed to Section B2	
	Unincorporated body		Proceed to Section B3	
	Sole trader		Proceed to Section C	
	Company		Proceed to Section C	
	Body corporate		Proceed to Section C	
Company Registration Office number (if applicable)				

B2. Partnership details

For
official
use

If you have selected partnership as the undertaking business type, please state the **names** of **all partners** in the partnership.

No.	Name	No.	Name	
1.		11.		
2.		12.		
3.		13.		
4.		14.		
5.		15.		
6.		16.		
7.		17.		
8.		18.		
9.		19.		
10.		20.		

B3. Unincorporated body details

For
official
use

If you have selected unincorporated body as the undertaking business type, please state the **name of each member of the unincorporated body**.

No.	Name	No.	Name	
1.		11.		
2.		12.		
3.		13.		
4.		14.		
5.		15.		
6.		16.		
7.		17.		
8.		18.		
9.		19.		
10.		20.		

Section C. Declaration of undertaking

C1. Declaration

For
official
use

I, the undersigned, **declare** as **the undertaking/on behalf of the undertaking** that the information I have provided in this notification form is true to the best of my knowledge and belief.

Signed by (tick as appropriate)	Sole trader		
	Partner of the partnership		
	Director of the company		
	Member of the committee of management or other controlling authority of an unincorporated body		
	Member of the board, directorate or other governance structure of the body corporate		
Name			
Job title			
Signature			
	Type your name in the signature field		
Date			

- **Email** form to: radiationprotection@hqa.ie
- **Telephone:** 01 8286750