

NF200

**Notification Form**

Declaration of undertaking

To be completed in conjunction with guidance published at [www.hiqa.ie](http://www.hiqa.ie)**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.<sup>1</sup>

**Section A. Undertaking information****A1. Undertaking details**For  
official  
useUndertaking **name**

Address line 1

Address line 2

County

Eircode

Undertaking **address**Undertaking **email address**Undertaking **contact number****Number** of medical radiological installations<sup>2</sup> under the undertaking's remit

<sup>1</sup> European Union (Basic Safety Standards For Protection Against Dangers Arising From Medical Exposure To Ionising Radiation) Regulations 2018.

<sup>2</sup> **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.

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

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

<b>B1. Undertaking business type</b>				<b>For official use</b>
<b>Undertaking business type</b>	Partnership		Proceed to <b>Section B2</b>	
	Unincorporated body		Proceed to <b>Section B3</b>	
	Sole trader		Proceed to <b>Section C</b>	
	Company		Proceed to <b>Section C</b>	
	Body corporate		Proceed to <b>Section C</b>	
<b>Company Registration Office</b> number (if applicable)				

<b>B2. Partnership details</b>				<b>For official use</b>
If you have selected partnership as the undertaking business type, please state the <b>names</b> of <b>all partners</b> in the partnership.				
No.	Name	No.	Name	
1.		11.		
2.		12.		
3.		13.		
4.		14.		
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6.		16.		
7.		17.		
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**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	
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2.		12.		
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## 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			
	<b>Type</b> your name in the signature field		
Date			

- **Email** form to: [radiationprotection@hqa.ie](mailto:radiationprotection@hqa.ie)
- **Telephone:** 01 8286750