


<b>NF05 *</b> <b>Form</b>	<b>Health Information and Quality Authority (HIQA)</b> Unexplained absence of a resident from the designated centre <sup>†</sup>	 <b>Health Information and Quality Authority</b> <small>An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte</small>
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Section 1. Centre details	
Centre name	
Centre ID (OSV)	
Unit or ward name (if applicable)	

Section 2. Resident's details	
Resident's unique identifier <sup>†</sup>	
Is this resident under the age of 18?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Describe the current <b>status of the resident</b> , such as physical or mental state:	
Has the resident's <b>care plan</b> been updated?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has an NF05 form been submitted for this person in the past 12 months?	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

<sup>†</sup> As defined in HIQA's statutory notification guidance.

## Section 2. Resident's details

If **yes**, how many NF05 forms have been previously submitted?

## Section 3. Circumstances of the resident's absence

<b>Date</b> of absence		<b>Duration</b> of absence (in hours)	
Date <b>reported</b>		Time <b>reported</b>	

What are the **circumstances** of the absence?

What **immediate actions** were taken to locate the person?

## Section 4. Additional information

Please state the measures that have been taken to **reduce the risk** of further unexplained absences occurring:

Please state if you have notified **the resident's family** of the absence and provide details:

Please state if you have notified **An Garda Síochána** of the absence and provide details:

## Section 5. Declaration

Name (print)	
Position	Person in charge <input type="checkbox"/> Other <input type="checkbox"/>
If you ticked <b>other</b> , please specify your role in the designated centre	
Date	
Contact number (during office hours)	

The most secure and convenient way to submit the notification form is through the [HIQA Portal](#).

Should you wish to continue in hardcopy, please return the completed, signed form by email to [notify@hiqa.ie](mailto:notify@hiqa.ie) or by post to:

Notifications Team

Health Information and Quality Authority

Dublin Regional Office

George's Court

George's Lane

Smithfield

Dublin 7

Tel: 01 814 7400