

NF201D**Notification Form**

New medical radiological installation

To be completed in conjunction with guidance published at www.hiqa.ie**Section 1. 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 existing**¹ medical radiological installations under the undertaking's remit

¹ Existing number means the number of medical radiological installations (facilities) under the remit of the undertaking **before** the declaration of the new medical radiological installation to HIQA.

Section 2. New medical radiological installation name		Date change will take effect	For official use
Medical radiological installation name			

Section 3. New medical radiological installation address		Date change will take effect	For official use
Medical radiological installation address			

Section 4. New medical radiological service type						Date change will take effect	For official use
Medical radiological installation service type							
Dental	General Radiography	Radiotherapy	Nuclear Medicine	Interventional radiology/ cardiology	Computed Tomography		

Section 5. Designated manager details				Date change will take effect	For official use
Designated manager name	Designated manager job title	Designated manager email address	Designated manager contact number		

Section 6. 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			