

NF202B

Notification Form

Cessation of medical radiological installation
To be completed in conjunction with guidance published at www.higa.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 | | | |

| Section 2. Cessation of practice of medical radiological installation | | | | | | | Date of proposed cessation | For official use | |
|---|---|---|---------------------|--------------|------------------|---|----------------------------|------------------|--|
| Medical radiological installation name | Medical radiological installation address (include Eircode) | Medical radiological installation service type | | | | | | | |
| | | Dental | General Radiography | Radiotherapy | Nuclear Medicine | Interventional radiology/ cardiology | Computed Tomography | | |
| | | | | | | | | | |

| Section 3. 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 | | | |