


<b>Form A</b>	<p align="center"><b>Notification Form</b></p> <p align="center"><b>Commencement of IPAS Provision of Services by a Provider</b></p> <p align="center">To be completed in conjunction with</p> <p align="center">The Guide to Monitoring IPAS document available at <a href="http://www.hiqa.ie">www.hiqa.ie</a></p>		 <p><b>Health Information and Quality Authority</b> An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte</p>

Section A. IPAS Accommodation Centre information			
A1. Service Provider details			For official use
Service Provider <b>name</b>			
Service Provider <b>address</b>	Address line 1		
	Address line 2		
	Address line 3		
	County		
	Country		
	Eircode		
Service Provider <b>email address</b>			
Service Provider <b>contact number</b>			
Service Provider contact person <b>first name</b>			
Service Provider contact person <b>last name</b>			
Service Provider contact person <b>job title</b>			
Service Provider contact person <b>email address</b>			
Service Provider contact person <b>contact number</b>			

A2. Centre details			For official use
Centre <b>name</b>			
Centre <b>address</b>	Address line 1		
	Address line 2		
	Address line 3		

	County		
	Eircode		
Centre <b>email address</b>			
Centre <b>contact number</b>			

A3. Additional Centre details			For official use
What <b>type of accommodation</b> is provided? <i>Please select applicable options:</i>		Own Door Units	
		Family Units	
		Female Only Accommodation	
		Male Only Accommodation	
		Mixed Accommodation	
		Other	
If other, please specify:			
What is the <b>contracted bed number</b> of the centre?			

Section B. Date of Commencement of the Centre		
B1. Commencement Date		For official use
Date on which the centre will <b>commence providing services</b>		

Section C. Declaration by the Department of Children, Equality, Disability, Integration and Youth		
C1. Declaration		For official use
I, the undersigned, declare as an authorised representative of the Department of Children, Equality, Disability, Integration and Youth that the above named centre is designated by the Minister to be an accommodation centre at which the material reception conditions shall be made available to recipient(s) in accordance with Regulation 7 of the European Communities (Reception Conditions) Regulations 2018 and the information provided in this form is accurate.		
Name		
Job title		

Signature		
	Type your name in the signature field	
Date		

**Please email completed form to: [ipasmonitoring@hiqa.ie](mailto:ipasmonitoring@hiqa.ie)**  
**Please ensure Form A is clearly stated in the email subject bar**