Form B

Notification Form Cessation of IPAS Provision of Services by a Provider



To be completed in conjunction with The Guide to Monitoring IPAS document available at www.higa.ie

Section A. IPAS Accommodation Centre information				
A1. Service Provider details		For official use		
Service Provider name				
Service Provider address	Address line 1			
	Address line 2			
	Address line 3			
	County			
	Country			
	Eircode			
Service Provider email address				
Service Provider contact number				

A2. Centre details		For official use	
Centre name			
Centre address	Address line 1		
	Address line 2		
	Address line 3		
	County		
	Eircode		
Centre email address			
Centre contact number			

Section B. Date of Cessation of Services at the Cer	ntre	
B1. Cessation Date		For official use
Date on which the centre will cease providing services		

Section C. Transition of Residents and Service Planning		
C1. Service Planning	For official use	
Please outline below the plans in place for supporting residents living at this centre currently, including the provision of alternative accommodation.		

Section D. Declaration by the Department of Children, Equality, Disability, Integration and Youth				
D1. 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 will no longer be 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 as per the date specified and the information provided is accurate.				
Name				
Job title				
Cianaturo				
Signature	Type your name in the signature field			
Date				

Please email completed form to: ipasmonitoring@hiqa.ie
Please ensure Form B is clearly stated in the email subject bar