


NF06	<h2 style="margin: 0;">Notification Form</h2> <h3 style="margin: 0;">Allegation of Abuse¹ of a Recipient</h3> <p style="margin: 0; color: #00AEEF;">To be completed in conjunction with 'The Guide to Monitoring IPAS' document available at www.higa.ie</p>	 <p style="margin: 0;">Health Information and Quality Authority</p> <p style="margin: 0; font-size: small; color: #00AEEF;">An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte</p>
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Section 1. IPAS centre details	
Centre name	
Centre ID (OSV)	

Section 2. Recipient's details	
Recipient's unique identifier	
Is this recipient under the age of 18?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Describe the current status of the recipient , such as physical or mental state:	
Has an NF06 form been submitted for this person in the past 12 months?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, how many NF06 forms have been previously submitted?	

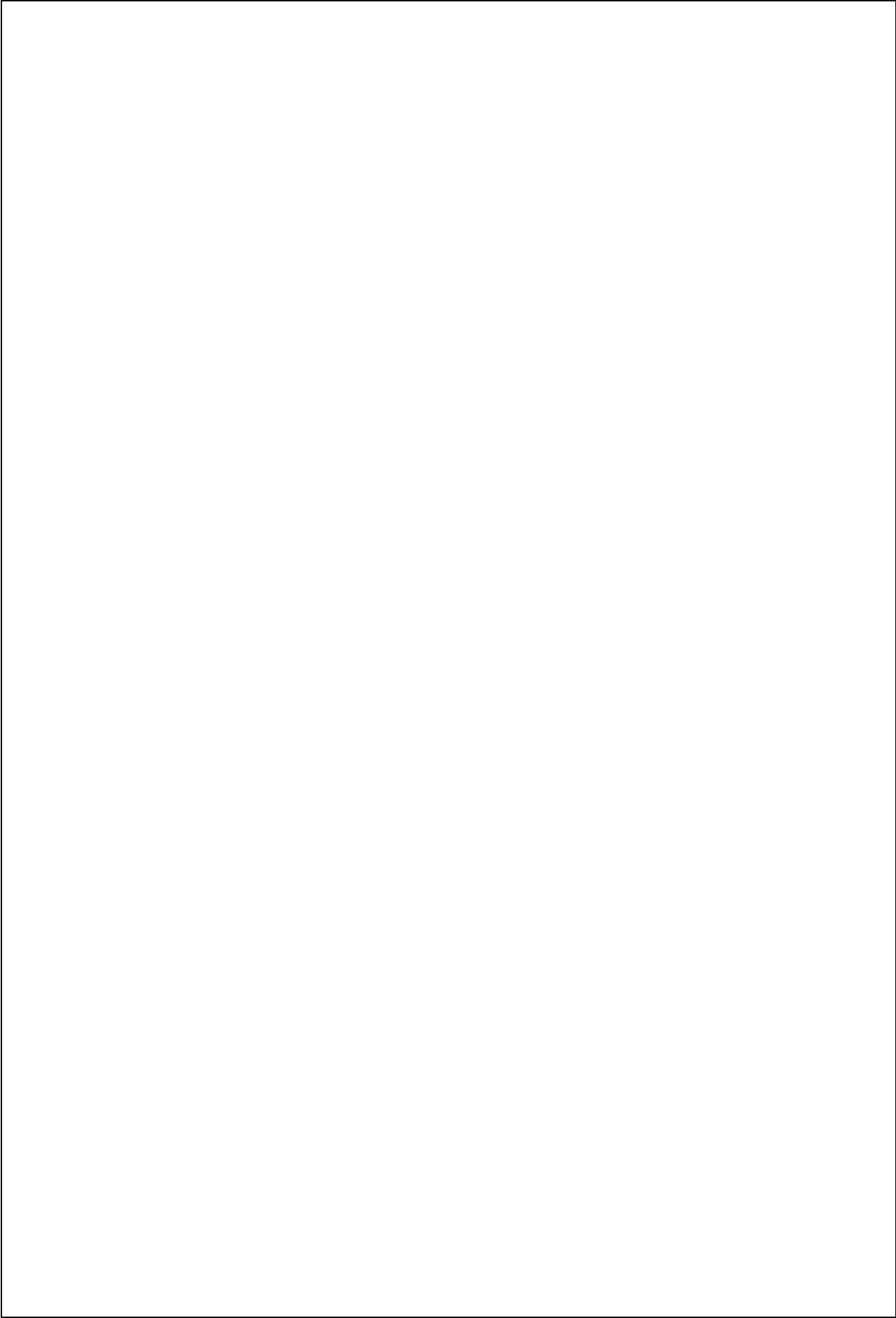
¹ Abuse means mistreatment of any kind and includes the physical, financial or material, psychological, sexual or discriminatory mistreatment or neglect of a recipient

Section 3. Details of the allegation

Date of alleged abuse		Retrospective allegation of abuse ² ? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Time of alleged abuse			
Who reported the alleged abuse? Please select one of the following options: Staff <input type="checkbox"/> Recipient <input type="checkbox"/> Relative <input type="checkbox"/> Visitor <input type="checkbox"/> Other <input type="checkbox"/>			
If you have ticked other , please provide details:			
Date allegation was reported		Did the alleged abuse take place in the centre	Yes <input type="checkbox"/> No <input type="checkbox"/>
Role of the person to whom the allegation was reported?			
What type of abuse has been alleged? Please tick the relevant box or boxes		Physical	<input type="checkbox"/>
		Sexual (including sexual exploitation)	<input type="checkbox"/>
		Psychological	<input type="checkbox"/>
		Financial or material	<input type="checkbox"/>
		Neglect	<input type="checkbox"/>
		An act of omission	<input type="checkbox"/>
		Discriminatory	<input type="checkbox"/>
		Institutional violence	<input type="checkbox"/>
		Violation of personal integrity	<input type="checkbox"/>
		Domestic Violence	<input type="checkbox"/>
		Other	<input type="checkbox"/>
If you have ticked other , please provide details:			

² abuse which occurred, or is alleged by adults to have occurred in the past when they were children

<p>Who is the person alleged to have abused the recipient?</p> <p>Please tick the relevant box or boxes</p>	Staff member	<input type="checkbox"/>
	Relative	<input type="checkbox"/>
	Friend	<input type="checkbox"/>
	Volunteer	<input type="checkbox"/>
	Unknown	<input type="checkbox"/>
	Other	<input type="checkbox"/>
<p>If you have ticked other, please provide details:</p>		
<p>If you have identified a staff member, is the employee currently reporting for duty?</p>		<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Please provide details of alleged abuse and immediate actions taken including:</p> <ol style="list-style-type: none"> actions taken with the recipient. actions taken with the person the allegation has been made against. 		
Empty space for details		



Section 4. Additional information

Please state the measures you have taken to ensure that **all** recipients are safe:

Please state if you have notified the **recipient's family** of the alleged abuse (where appropriate) and provide details:

Please state if you have notified **An Garda Síochána** of the alleged abuse:

Please state if in the case of a recipient **under the age of 18 years**, you have notified **the Child and Family Agency (Tusla)** of the alleged abuse:

Section 5. Declaration

I, the undersigned, declare that the information I have provided in this notification form is true to the best of my knowledge and belief.

Name	
Job title	
Signature	
	Type your name in the signature field
Date	
Contact number (during office hours)	

Please return the completed, signed form by email to ipasmonitoring@hiqa.ie
Please ensure NF06 is clearly stated in the subject bar of the email