


<b>NF300</b>	<b>Notification Form</b> <b>IPAS Service Provider Declaration Form</b> To be completed in conjunction with The Guide to Monitoring IPAS document available at <a href="http://www.higa.ie">www.higa.ie</a>	 <b>Health Information and Quality Authority</b> <small>An tÚdarás Um Fhaisnéis agus Cálíocht Sláinte</small>
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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 <b>website</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. Service Provider representative details					For official use
First name	Last name	Job title	Email address	Contact number	

A4. Centre Manager details					For official use
First name	Last name	Job title	Email address	Contact number	

A5. IPAS Accommodation Centre – additional details					For official use
What is the <b>contracted bed number</b> of the centre?					
How many <b>units</b> does the centre comprise of? <i>(If more than 5 units, contact <a href="mailto:ipasmonitoring@hiqa.ie">ipasmonitoring@hiqa.ie</a> for additional supporting documentation)</i>					
<b>Unit 1:</b>					
<b>Address 1</b>	<b>Address 2</b>	<b>Address 3</b>	<b>County</b>	<b>Eircode</b>	
What <b>type of accommodation</b> is provided? (tick relevant option)					
<b>Own door unit</b>	<b>Family unit</b>	<b>Female only</b>	<b>Male only</b>	<b>Mixed</b>	<b>Other</b>
If other, please specify:					

Unit 2:					
<b>Address 1</b>	<b>Address 2</b>	<b>Address 3</b>	<b>County</b>	<b>Eircode</b>	
What <b>type of accommodation</b> is provided? (tick relevant option)					
<b>Own door unit</b>	<b>Family unit</b>	<b>Female only</b>	<b>Male only</b>	<b>Mixed</b>	<b>Other</b>
If other, please specify:					

Unit 3:					
<b>Address 1</b>	<b>Address 2</b>	<b>Address 3</b>	<b>County</b>	<b>Eircode</b>	

What <b>type of accommodation</b> is provided? (tick relevant option)					
<b>Own door unit</b>	<b>Family unit</b>	<b>Female only</b>	<b>Male only</b>	<b>Mixed</b>	<b>Other</b>
If other, please specify:					

<b>Unit 4:</b>					
<b>Address 1</b>	<b>Address 2</b>	<b>Address 3</b>	<b>County</b>	<b>Eircode</b>	
What <b>type of accommodation</b> is provided? (tick relevant option)					
<b>Own door unit</b>	<b>Family unit</b>	<b>Female only</b>	<b>Male only</b>	<b>Mixed</b>	<b>Other</b>
If other, please specify:					

<b>Unit 5:</b>					
<b>Address 1</b>	<b>Address 2</b>	<b>Address 3</b>	<b>County</b>	<b>Eircode</b>	
What <b>type of accommodation</b> is provided? (tick relevant option)					
<b>Own door unit</b>	<b>Family unit</b>	<b>Female only</b>	<b>Male only</b>	<b>Mixed</b>	<b>Other</b>
If other, please specify:					

<b>Section B. Declaration of Service Provider</b>					
<b>B1. Declaration</b>					<b>For official use</b>
I, the undersigned, <b>declare</b> as <b>the Service Provider/authorised on behalf of the Service Provider</b> that the information I have provided in this notification form is true to the best of my knowledge and belief.					
Signed by (select 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 statutory body or body corporate		
Name			
Job title			
Signature			
	<b>Type</b> your name in the signature field		
Date			

**Please email completed form to: [ipasmonitoring@higa.ie](mailto:ipasmonitoring@higa.ie)**

**Please ensure NF300 is clearly stated in the email subject bar**