

NF301	<h2 style="margin: 0;">Notification Form</h2> <h3 style="margin: 0;">Change of Stakeholder Details</h3> <p style="margin: 10px 0 0 0; color: #0070C0;">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 <small>An tUdarás Um Fhaisnéis agus Cáilíocht Sláinte</small></p>
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Please indicate the type of change required (tick relevant option)		
Change of provider details		Proceed to Section 1
Change of provider representative details		Proceed to Section 2
Change of centre manager details		Proceed to Section 3

Section 1. Change of provider details					
		Original information	Updated information	Date change will take effect	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					
Service Provider website					

[If this is the only change, proceed to Section 4](#)

Section 2. Change of provider representative details

If there is a new provider representative, please complete Section 2a. If you are updating the contact details for the current provider representative, please complete Section 2b.

Section 2a. Change of provider representative person					Date change will take effect	For official use
Departing provider representative name		Has a new person been appointed to be the provider representative?				
	Yes		No			
New provider representative name	New provider representative job title	New provider representative email address	New provider representative contact number			

Section 2b. Change of contact details of current provider representative				Date change will take effect	For official use
Provider representative name	Provider representative new job title	Provider representative new email address	Provider representative new contact number		

[If this is the only change, proceed to Section 4](#)

Section 3. Change of centre manager details

If there is a new centre manager, please complete Section 3a. If you are updating the contact details for the current centre manager, please complete Section 3b.

Section 3a. Change of centre manager					Date change will take effect	For official use
Departing centre manager name		Has a new person been appointed to be the centre manager?				
	Yes		No			
New centre manager name	New centre manager job title	New centre manager email address		New centre manager contact number		

Section 3b. Change of contact details of current centre manager				Date change will take effect	For official use
Centre manager name	Centre manager new job title	Centre manager new email address	Centre manager new contact number		

[Proceed to Section 4](#)

Section 4. Declaration			For official use
I, the undersigned, declare as the Service Provider/authorised on behalf of the Service Provider 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			
Date			

Please return the completed, signed form by email to ipasmonitoring@hiqa.ie

Please ensure **NF301** is clearly stated in the subject bar of the email