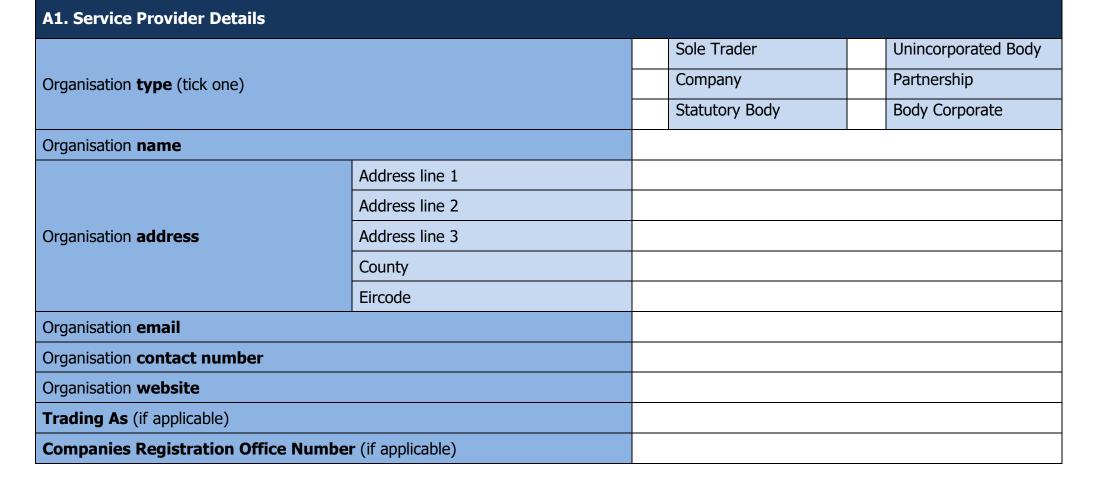
Ν	F4	00	Α	

## **Notification Form** Service Provider Directory Form for Private Hospitals





A2. Service Provider Representative Details				
First Name				
Last Name				
Email				
Contact Number				
Job Title				
		Tick one		
	Board/Committee Member			
	Chief Executive			
	Chairperson			
	Manager			
Job Role	Partner			
	Company Director			
	Sole Trader			
	Company Secretary			
	Receiver			
	Insolvency Practitioner			

A3. Hospital Information								
No.	Hospital name (site location)	Hospital address (include Eircode)	Designated manager <sup>1</sup> <b>name</b>	Designated manager job title	Designated manager email address	Designated manager contact number		
1.								
2.								
3.								
4.								
5.								
	Add further rows if needed							

<sup>&</sup>lt;sup>1</sup> The Designated Manager must be engaged in and responsible for the day-to-day management of the hospital and must have the full support of the service provider to ensure a safe and quality service is being delivered at the hospital site. The named Designated Manager can be responsible for more than one hospital site.

## **B1. Service Provider Declaration**

I, the undersigned, **declare** as **the service provider/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.

<b>Signed by</b> (tick 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		
	Type your name in the signature field	
Date		

## Please email completed form to: <u>qualityandsafety@hiqa.ie</u>