

NF400A

Notification Form

Service Provider Directory Form for Private Hospitals



A1. Service Provider Details

Organisation type (tick one)	<input type="checkbox"/>	Sole Trader	<input type="checkbox"/>	Unincorporated Body
	<input type="checkbox"/>	Company	<input type="checkbox"/>	Partnership
	<input type="checkbox"/>	Statutory Body	<input type="checkbox"/>	Body Corporate
Organisation name				
Organisation address	Address line 1			
	Address line 2			
	Address line 3			
	County			
	Eircode			
Organisation email				
Organisation contact number				
Organisation website				
Trading As (if applicable)				
Companies Registration Office Number (if applicable)				

A2. Service Provider Representative Details

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

A3. Hospital Information						
No.	Hospital name (site location)	Hospital address (include Eircode)	Designated manager¹ name	Designated manager job title	Designated manager email address	Designated manager contact number
1.						
2.						
3.						
4.						
5.						
	Add further rows if needed					

¹ 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.

Signed by (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: qualityandsafety@hiqa.ie