

NF400A

## Notification Form

Service Provider Directory Form for Private Hospitals



### A1. Service Provider Details

Organisation <b>type</b> (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 <b>name</b>				
Organisation <b>address</b>	Address line 1			
	Address line 2			
	Address line 3			
	County			
	Eircode			
Organisation <b>email</b>				
Organisation <b>contact number</b>				
Organisation <b>website</b>				
Trading <b>As</b> (if applicable)				
Companies Registration Office Number (if applicable)				

## A2. Service Provider Representative Details

<b>First Name</b>		
<b>Last Name</b>		
<b>Email</b>		
<b>Contact Number</b>		
<b>Job Title</b>		
<b>Job Role</b>		<b>Tick one</b>
	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 manager <sup>1</sup> name	Designated manager job title	Designated manager email address	Designated manager contact number
1.						
2.						
3.						
4.						
5.						
	Add further rows if needed					

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<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	
<b>Name</b>		
<b>Job title</b>		
<b>Signature</b>		
	Type your name in the signature field	
<b>Date</b>		

Please email completed form to: [qualityandsafety@hiqa.ie](mailto:qualityandsafety@hiqa.ie)