NF400B	Notification Form Service Provider Directory Form for Publicly Funded Acute and Community Hospitals To be completed in conjunction with guidance published at <u>www.hiqa.ie</u>	Health Information and Quality Authority An tUdards Um Fhaisneis agus Calilocht Slainte
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Section 1. Hospital service provider details

Hospital service provider name		
	Address line 1	
	Address line 2	
Hospital service provider address	County	
	Eircode	
Hospital service provider email address		
Hospital service provider contact number		
Hospital service provider web site address		

Section 2. New hospital name				Date change will take effect			
Hospital name						dd/mm/yyyy	
Section 3. New hospital address					Date change will take effect		
Hospital address				dd/mm/yyyy			
Section 4. New hospital contact number					Date change will take effect		
Hospital telephone number					dd/mm/yyyy		
Section 5. New hosp	ital information					Date change will take effect	
Hospital information							
Hospital type e.g HSE public hospital or Voluntary public hospital	Hospital setting type e.g acute or community	Hospital model type e.g model 1,2,3 4, specialist or rehabilitation or community	Hospital funding classification e.g HSE funded, Section 38 Health Act 2004, Section 39 Health Act 2004	Name of Regional Health Area/ Hospital Group/ CHO area where relevant		dd/mm/yyyy	

Section 6. Designa	Date change will take effect					
Designate	d manager	Designated manager	Designated manager	Designated manager		
First name	Last name	Job title	Email address	Contact number	dd/mm/yyyy	
					dd/mm/yyyy	

Section 7. Declaration			
	as the hospital service provider/on behalf of the hospital service provider that the information I have p to the best of my knowledge and belief.	rovided in	
Signed by (tick as appropriate)	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 body corporate		
Name			
Job title			
Signature			
	Type your name in the signature field		
Date			

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