**Incident Form NE8a: Other Notifications**

**Independent Health Care (Wales) Regulations 2011**

**The Private Dentistry (Wales) Regulations 2017\***

Guidance on completing and submitting statutory notifications forms is available on our website at: [www.hiw.org.uk](http://www.hiw.org.uk)

**Part 1: The establishment or agency**

|  |  |
| --- | --- |
| **Establishment or agency name** |  |
| **Registration number**  (taken from certificate of registration) |  |

**Part 2: Notification type**

|  |  |  |
| --- | --- | --- |
| **Notification** | **Regulation** | **X** |
| Review of Statement of Purpose and/or Patients’ Guide | 8 / 7\* |  |
| Appointment of manager | 11 / 10\* |  |
| Notification of offence(s) / relevant offence charged | 14 / 28\* |  |
| Notice of absence of a Registered Person | 32 / 26\* |  |
| Notice of changes | 33 / 27\* |  |
| Appointment of liquidators etc | 34 / 29\* |  |
| Death of a Registered Person | 35 / 30\* |  |

**Part 3: Review of Statement of Purpose and/or Patient Guide/Patient Information Leaflet**

|  |  |
| --- | --- |
| **When sending a complete version of your new Statement of Purpose or Patient Guide could you please highlight the changes** |  |
| **Please explain the reason(s) why these have been updated and when they are to take effect** |  |

**Part 4: Appointment of new manager**

|  |  |  |
| --- | --- | --- |
| **Name of manager** |  | |
| **Date appointment to take effect[[1]](#footnote-1)** |  | |
| **Please mark (X) if applicable** |  | Please send an application pack |
|  | Application pack accessed on website |

**Part 5: Notification of offences / relevant offence charged**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of convicted person** |  |  | Registered Provider |
|  | Registered Manager |
|  | Responsible Individual |
| **Details of offence, date and place of conviction, court where convicted and the penalty imposed** |  | | |
| **Name of charged person** |  |  | Registered Provider |
|  | Registered Manager |
|  | Responsible Individual |
| **Details of offence charged and the date and place of the charge[[2]](#footnote-2)** |  | | |

**Part 6: Notice of absence**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of registered person who manages the establishment or agency or manager who proposes to be absent for 28 days or more** |  | | |
| **Date(s) of registered person’s proposed planned absence** |  | **Is this absence as the result of an emergency?**  **(***if not the notice should be given one month before the proposed commencement date***)** | Yes / No |
| **Reason for absence** |  | | |
| **Name and address of temporary appointed person responsible for the during the absence** |  | | |
| **Qualifications of person named above** |  | | |
| **Arrangements made for running the establishment or agency, including any arrangements for appointing another person to manage the setting** |  | | |
| **Date of return of registered person[[3]](#footnote-3)** |  | | |

**Part 7: Notice of changes**

**Please mark (X) in the relevant box which applies to you or your organisation:**

|  |  |  |
| --- | --- | --- |
| **A person other than the registered person is carrying on the establishment or agency**  **Important note: If the establishment or agency is sold to another individual or organisation, a new application may need to be submitted and granted by HIW before the individual or organisation can legally provide services.**  **Please contact the HIW Registration Team for more information.** | |  |
| **A person ceases to carry on or manage the establishment or agency** | |  |
| **The registered person has changed their / its name** | |  |
| **There is a change of Director, Manager, Secretary or other similar officer of the Organisation** | |  |
| **The responsible individual has changed their name** | |  |
| **There is a change in the identity of the responsible individual** | |  |
| **A trustee in bankruptcy has been appointed or a composition or arrangement is made with creditors** | |  |
| **A receiver, manager, liquidator or provisional liquidator is appointed** | |  |
| **There has been a significant alteration or extension of the establishment, or additional premises have been acquired which are intended to be used for the purposes of the establishment** | |  |
| **Please provide details in relation to the change which you are notifying HIW about *i.e. the reason for this change*** |  | |

**Part 8: Appointment of liquidators etc.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of person appointed** |  | | | |
| **Reasons appointed** |  | | | |
| **Appointed authority to act Please mark (X) if applicable** |  | **Receiver** |  | **Liquidator / Provisional Liquidator** |
|  | **Trustee** |  | **Manager** |

**Part 9: Death of a registered person**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of deceased** |  | **Date of death** |  |
| **Registration status of deceased (Registered Provider or Registered Manager)** |  | **Will the establishment continue to operate?** | Yes / No |
| **Name and status (whether registered person, or personal representatives) of person notifying HIW of the death** |  | | |
| **Details of immediate and proposed future arrangements for the running of the establishment or agency** |  | | |

**Please return completed forms to Healthcare Inspectorate Wales via Objective Connect or via recorded delivery to Healthcare Inspectorate Wales, Welsh Government Buildings, Rhydycar Business Park, Merthyr Tydfil, CF48 1UZ.**

**If you do not have an Objective Connect account please contact HIW on**

**0300 062 8163.**

|  |  |
| --- | --- |
| **For HIW use only** | |
| Action required/ taken: |  |
| Name: |  |
| Date: |  |

**General Data Protection Regulation 2016**

HIW, on behalf of the Welsh Government uses this information to process the notification and will share your information with other regulatory bodies, law enforcement agencies and with others within the Welsh Government if needed.

The information provided on the notifiable event forms enables HIW to assess the conduct of health care establishments and agencies in light of the regulatory requirements imposed by the Regulations and what, if any, action is required from a regulatory perspective to ensure ultimately that patients are being appropriately safeguarded.

The Welsh Government will hold your data for 10 years following closure in line with audit requirements.

You have the right to access the personal data we are processing about you, rectify inaccuracies, in certain circumstances object to processing or erasure of your data and lodge a complaint.

For further details and the full Privacy Notice is available at [www.hiw.org.uk](http://www.hiw.org.uk)

1. It’s expected that a new application is received by HIW within 28 days of a person being appointed as a manager. [↑](#footnote-ref-1)
2. Any offence a registered person has been charged with in respect of which an order may be made under Part II of the Criminal Justice and Court Services Act 2000 (Protection of Children). [↑](#footnote-ref-2)
3. The actual return date should be confirmed in writing within 7 days of the person’s return. [↑](#footnote-ref-3)