



Home Support Services  
Authorisation Scheme

# NOTIFICATION OF CHANGE

Home Support Services  
Services for Older People – Access and Integration



## PROVIDER DETAILS

<b>Insert Provider Name</b>			
<b>Registered Address as per CRO</b>			
<b>Company Number (CRO)</b>			
	<b>Yes</b>	<b>No</b>	<b>Details Consortium/Lead Provider if applicable</b>
<b>Consortium</b>			
<b>Lead under the consortium</b>			

*Please note that if you are a member of a Consortium any changes must be completed by the Lead as provided for under the Scheme.*

**If this form is being completed by a Consortium member other than the Lead please provide explanation below:-**

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## CONTACT DETAILS OF PERSON APPLYING FOR CHANGE TO PARTICULARS

<b>Full Name</b>	
<b>Title of Position Held</b>	
<b>Contact Email</b>	
<b>Contact Phone Number</b>	
<b>Contact Address</b>	

## AUTHORISED SIGNATORY DETAILS

<b>Authorised Signatory</b> <i>(Please print name)</i>	
<b>Signature</b>	
<b>Date</b>	

<b>Authorised Signatory</b> <i>(Please print name)</i>	
<b>Signature</b>	
<b>Date</b>	

*This form should be signed by the authorised signatory/signatories under the Service Arrangements. If this form is being signed by a person other than the Authorised Signatory, please provide an explanation hereunder.*

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**Home Support Services Authorisation Scheme (the “Scheme”)**  
**Application by a Provider to the HSE for any**  
**restructuring/reorganisation/company/other changes.**

This notification must be completed and submitted to the HSE by Providers approved and appointed to the Scheme (“Providers”) where the Provider proposes any restructuring/reorganisation/company/other changes (the “Notification”). Please return to [HomeSupportServices.Procurement@hse.ie](mailto:HomeSupportServices.Procurement@hse.ie)

Examples of such ‘changes’ may include but not limited to the following examples:

***Please tick in the table below the change(s) relevant to this application.***

No	Section	Definition	Tick (✓) change being requested	Go to Page
1	<b>Change in Company Name</b>	Company Official Legal Entity name and or Trading Name change only.		Complete Question 1(a) Section A - Page 4 <b>And</b> Complete Questions 1 to 3 Section D – Page 10
2	<b>Change in Authorised Signatory /Contacts information</b>	Authorised Signatory/Contact name changes / address only.		Complete Question 1(c) Section A - Page 5 <b>And</b> Complete Questions 1 to 3 Section D – Page 10
3	<b>Change in Control / Ownership Change of Parent Company / Merger / De-merger</b>	There is a change in control of a company or entity <sup>1</sup> howsoever arising either via straight sale or acquisition where a new company or individuals acquire the shares, business or control of the current company or existing Provider. No change in legal entity. .		Complete Question 1(b) Section A – Page 4 <b>And</b> Complete Questions DP1 to DP5 Section C Page 9 <b>And</b> Complete Questions 1 to 3 Section B Pages 6 & 7  <b>Or in the case of change of Parent Company / Merger / De-Merger</b> Complete Questions 1 to 7 Section B Pages 6 & 7 <b>And</b>
4	<b>Management Buyout</b>	Existing management in a company buy the business from current owner. No change in legal entity. Contact name changes only.		Complete Questions DP1 to DP5 Section C Page 9 <b>And</b> Complete Questions 1 to 3 Section D Page 10

<sup>1</sup> Control for this purposes having the meaning ascribed to that term in section 11 of the Taxes Consolidation Act, 1997 (as amended) being, in relation to a company, means the power of a person to secure—

(a) by means of the holding of shares or the possession of voting power in or in relation to that or any other company, or

(b) by virtue of any powers conferred by the constitution or other document regulating that or any other company,

that the affairs of the first-mentioned company are conducted in accordance with the wishes of that person and, in relation to a partnership, means the right to a share of more than 50 per cent of the assets, or of more than 50 per cent of the income, of the partnership.

5.	<b>Changes in CHOs/Lots that Provider is contracted to operate in under Service Arrangements</b>	Only a reduction in CHOs/Lots covered can be agreed		Complete Question 1 Section B – Page 6 <b><u>If this request relates to a Consortium</u></b> , please also Complete Questions 2 to 7 Section B Pages 6 & 7
6.	<b>Addition of Provider to Consortia</b>	Process will be dependent on whether company already successfully appointed to the Scheme or not		Complete Questions 2 to 7 Section B – Pages 6 & 7 <b>And</b> Complete Questions DP1 to DP5 Section C- Page 9 <b>And</b> Complete Questions 1 to 3 Section D Page 10
7.	<b>Withdrawal from the Scheme</b>	Please tick column to the right if you wish to indicate that your agency proposes to completely discontinue/withdraw services under the Scheme with the HSE.		This matter is covered within the Service Arrangement signed by your organisation. Please refer to processes as outlined in Part 1 documentation – clauses as follows:  For Profit and Out of State Service Providers – Clauses 30 & 31 Voluntary Providers - Clauses 34 & 35
8.	<b>Other – Please provide details of the change(s) proposed</b>			

**Change not included:**

1. A Provider is not required to submit a Notification where it is looking to notify the HSE of a change to key local contacts (not arising as a result of any of the above circumstances where there is no change to a Provider). *In such a circumstance, the Provider should correspond in writing without delay directly to the relevant key contacts in the HSE and notify the National Home Support Office at [homesupport.nationaloffice@hse.ie](mailto:homesupport.nationaloffice@hse.ie)*

**The completion and submission of this Notification does not guarantee that the change proposed will be accepted by the HSE – the change remains subject to HSE approval (which may be withheld on grounds such as, but not limited to, that the change proposed will or may adversely affect the services to be provided pursuant to the Service Arrangement). The HSE reserves the right to request further information and/or documentary evidence from the Provider regarding any proposed change if required in order to assist with its assessment of the Notification.**

This Notification should be read in conjunction with the Part 1 Service Arrangement documentation and Part 2 Schedules (for Section 39 providers and For Profit and Out of State providers) between the Provider and the HSE (the “Service Arrangement”).

In particular, attention should be paid to the provisions regarding restructuring and reorganisation contained within the Service Arrangements for Section 39 providers and For Profit and Out of State providers. [Nothing in this Notification varies or otherwise alters the contractual position which is set out in the Service Arrangement between the Provider and the HSE. This Notification is provided for information purposes only and separately, the Providers must comply with the provisions regarding restructuring and reorganisation contained within the Service Arrangements for Section 39 providers and For Profit and Out of State providers.

The following questions **must be** answered by the Provider (in the case of consortia this should be the Lead Provider, where applicable)

SECTION A		To be completed by the Provider										
No	Questions	Yes	No	Comment								
1	Will there be any <b>change</b> in the company delivering the services? Is this change;											
(a)	<p>A change in Name / Trading Name – No change in legal entity delivering the services i.e. same company number CRO.</p> <p><i>Please outline change below</i></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Previous Official Legal Entity Name</th> <th style="width: 50%;">NEW Official Legal Entity Name</th> </tr> </thead> <tbody> <tr> <td style="height: 60px;"></td> <td></td> </tr> </tbody> </table> <p>And / Or</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Previous Trading Name</th> <th style="width: 50%;">NEW Trading Name</th> </tr> </thead> <tbody> <tr> <td style="height: 60px;"></td> <td></td> </tr> </tbody> </table>	Previous Official Legal Entity Name	NEW Official Legal Entity Name			Previous Trading Name	NEW Trading Name					
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Previous Trading Name	NEW Trading Name											
(b)	<p>A change in company contacts delivering the service as a result of any of the following, where the Legal entity remains the same i.e. same company name &amp; company number.</p> <p><b>Please tick (✓) relevant box(es) below:</b></p> <p>Change in Authorised Signatory <input style="width: 100px; height: 20px; border: 1px solid black;" type="checkbox"/></p> <p>Change of Address <input style="width: 100px; height: 20px; border: 1px solid black;" type="checkbox"/></p> <p>Change of Key Contacts <input style="width: 100px; height: 20px; border: 1px solid black;" type="checkbox"/></p> <p>Management buyout <input style="width: 100px; height: 20px; border: 1px solid black;" type="checkbox"/></p> <p>Straight sale <input style="width: 100px; height: 20px; border: 1px solid black;" type="checkbox"/></p> <p>Change in ownership control <input style="width: 100px; height: 20px; border: 1px solid black;" type="checkbox"/></p> <p>Other Please detail <input style="width: 100px; height: 20px; border: 1px solid black;" type="checkbox"/></p>											



(c) Please tick (✓) relevant box(es) below:

**Outline changes below:**

Previous Authorised Signatory / Signatories	<b>NEW</b> Authorised Signatory / Signatories

Previous Address	<b>NEW</b> Address

And / Or

Previous Contact Name	<b>NEW</b> Contact Name

And / Or

Previous Email	<b>NEW</b> Email

<b>Other:</b> <i>Please Specify</i>

SECTION B			To be completed by the Provider																																			
No	Questions	Yes	No	Comment																																		
1	<p>A change requested in HSE Areas covered:</p> <p><u>Please outline change below</u></p> <table border="1" data-bbox="193 423 655 1158"> <thead> <tr> <th colspan="2">Current Areas Covered</th> <th>Proposed Withdrawal from Area</th> </tr> <tr> <th>CHO</th> <th>Tick (v)</th> <th>Tick (v)</th> </tr> </thead> <tbody> <tr><td>CHO1</td><td></td><td></td></tr> <tr><td>CHO2</td><td></td><td></td></tr> <tr><td>CHO3</td><td></td><td></td></tr> <tr><td>CHO4</td><td></td><td></td></tr> <tr><td>CHO5</td><td></td><td></td></tr> <tr><td>CHO6</td><td></td><td></td></tr> <tr><td>CHO7</td><td></td><td></td></tr> <tr><td>CHO8</td><td></td><td></td></tr> <tr><td>CHO9</td><td></td><td></td></tr> </tbody> </table> <p>Note –See below extract from Schedule 3 Part 2 Service Arrangement</p> <p>The Service Provider shall not withdraw services from a service user without prior consultation with the appropriate HSE staff member and if Services are to be withdrawn the Service Provider shall provide at least three (3) months’ written notice to the HSE in advance of such Services being withdrawn. This written notice must include the Service Provider’s proposals as to how it will manage the hand back of the Service User to ensure continuity of Services and the least disruption to the Service User.</p>	Current Areas Covered		Proposed Withdrawal from Area	CHO	Tick (v)	Tick (v)	CHO1			CHO2			CHO3			CHO4			CHO5			CHO6			CHO7			CHO8			CHO9						
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2	<p><b>Change in legal entity delivering the service;</b></p> <p><u>Please note</u> –There is no guarantee that service activity will be permitted to be allocated to another company.</p> <p>This refers to a complete change in official legal entity, delivering the service as a result of any of the following:</p> <p><b>Please tick (v) relevant box(es) below:</b></p> <p>Change of parent company <input data-bbox="676 1827 834 1870" type="checkbox"/></p> <p>Merger of companies <input data-bbox="676 1892 834 1935" type="checkbox"/></p> <p>Demerger of companies <input data-bbox="676 1957 834 2000" type="checkbox"/></p>																																					

	Share Sale <input type="text"/> Change in Control <input type="text"/> <b><u>Outline change below</u></b> <div style="background-color: #cccccc; padding: 2px;"><i>Please Outline Changes Below;</i></div> <div style="border: 1px solid #ccc; height: 100px; width: 100%;"></div>																											
<b>3</b>	Is your organisation an existing consortium member?																											
<b>4</b>	If you are delivering services under a consortium and want to add a <b><u>new Entity</u></b> , are all members of the consortium in agreement with this organisation entering the consortium?																											
<b>5</b>	Is the new Entity requesting addition to a consortium, an existing approved Provider?																											
<b>6</b>	If already an existing Provider please give details of the geographic area where services are currently being delivered. <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #cccccc;"> <th>CHO</th> <th>Tick (v)</th> <th>CHO</th> <th>Tick (v)</th> </tr> </thead> <tbody> <tr> <td>CHO 1</td> <td></td> <td>CHO 6</td> <td></td> </tr> <tr> <td>CHO 2</td> <td></td> <td>CHO 7</td> <td></td> </tr> <tr> <td>CHO 3</td> <td></td> <td>CHO 8</td> <td></td> </tr> <tr> <td>CHO 4</td> <td></td> <td>CHO 9</td> <td></td> </tr> <tr> <td>CHO 5</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	CHO	Tick (v)	CHO	Tick (v)	CHO 1		CHO 6		CHO 2		CHO 7		CHO 3		CHO 8		CHO 4		CHO 9		CHO 5						
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CHO 5																												
<b>7</b>	<b>If this request relates to a New Entity not a Provider under the Scheme, please provide the following information (i) to (vii):-</b>																											
<b>i</b>	Company Name:																											
<b>ii</b>	Company Registration Number:																											
<b>iii</b>	Trading Name if applicable:																											
<b>iv</b>	CRO Registered Address:																											
<b>v</b>	Company Status:	Voluntary Commercial	<input type="text"/>																									



vi	Charity Regulator Authority (CRA) Registration Number, where applicable	
vii	Charity Revenue Number (CHY), where applicable	
<p><i>Please note new Entities must be assessed under the terms of the Scheme by the HSE prior to service delivery. In order to assess this new legal Entity under the terms of the Scheme, it will be necessary for the new Entity to make an application via eTenders on the re-opening of the Scheme which occurs periodically.</i></p>		
<p>Please state the Legal process being undertaken to give effect to the proposed change and provide the detail on same.</p> <p>Declaration to be signed as Appropriate:-</p> <p><b>In the case of a Merger/Demerger, Share Sale or Change in Control</b></p> <p>It is confirmed that the proposed change has been effected in accordance with and in compliance with law and is legally effective.</p>		
<p><b>Signature</b></p>		
<p><b>Date</b></p>		
<p><b>In the case of a new entity controlling service provision:-</b></p> <p>It is confirmed that no reduction or diminution in service levels/provision will occur post re-organisation and that no reduction or diminution in staff levels or of assets has occurred or will occur in the 12 months immediately after the effective change of control date.</p>		
<p><b>Signature</b></p>		
<p><b>Date</b></p>		
<p><b><i>The HSE reserves the right to undertake site visits and/or to seek appropriate documentary evidence to support claims made either in relation to any or all of the above or as part of the HSE's assessment of the changes detailed in this Notification.</i></b></p>		

SECTION C – Data Protection		To be completed by the Provider		
No	Questions	Yes	No	Comment
DP 1	Will there be changes to Access to clients’ personal data – or changes in how data is accessed			
DP 2	Compliance with GDPR – will data now be shared with another Provider following implementation of the relevant ‘change’			
DP 3	Storage of Data – confirmation that all client data is stored in the Republic of Ireland			
DP 4	If Data not to be stored in Republic of Ireland is the location of storage deemed to be in a ‘3rd country’ under DP regulation?			
DP 5	<p>If Data not to be stored in Republic of Ireland:</p> <p><b><i>Please provide details of where and how data will be stored within the new arrangement below, to include confirmation of compliance with GDPR and all applicable data protections laws.</i></b></p> <p><b><i>Please Outline Arrangements Below;</i></b></p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>			
<p><b><i>If yes is input in response to any of the above (DP1 – DP5) please attach to this Notification an updated signed Service Confidentiality Agreement and Service Provider Data Processing Agreement</i></b></p>				



SECTION D		To be completed by the Provider		
Please provide any additional relevant information on changes below:		Yes	No	Comment
1	Branding			
2	Invoicing arrangements			
3	<b>Other please specify:</b> <i>Please Specify;</i> <div style="border: 1px solid black; height: 100px; width: 100%;"></div>			