# Template Revision Control Sheet

**Template No: QF.09.01(a)**

|  |  |  |  |
| --- | --- | --- | --- |
| Revision History | | | |
| Date | Revision | Updated by | Comments |
| 4/1/2025 | V1 | BM | New template created (based on previous template QF.10.22) to reflect new IHA structure |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |



**Appointment of Review Officers pursuant to Article 5(2) of the Health Act 2004 (Complaints) Regulations, 2006**

[Insert list of names]

Pursuant to the provisions of the Health Act 2004 (Complaints) Regulations 2006 (the “**Regulations**”) (or any other amending or replacement regulations which have been issued or may issue from time to time) and in accordance with the power conferred on me by Sub-Delegation No. [insert no], I, [insert name, insert title] do hereby appoint each of the persons listed above as Review Officer within the [insert IHA/national division ] to perform the role and functions of Review Officer as defined in the Regulations.

The authorisations listed above should be read together with any other enactment or regulations which has issued or may issue (to include all amendments, revocations, substitutions or other changes or additions to such legislation or regulations) insofar as same directly or indirectly relate to or are connected with or ancillary to the matters in this authorisation.

In performing their functions as Review Officers each Review Officer shall comply with the relevant legislative provisions, all relevant policies, protocols, clinical and care standards, directions, circulars, codes of practice and guidelines and documents of a similar nature specified by the Board of the HSE or that has issued or may issue from time to time by the HSE or any Government Department (to the extent that such Departmental policies, protocols, etc., may affect or relate to the functions and objectives of the HSE).

The appointment of any person listed above is effective until formally revoked. If the appointment of any person listed above is amended, it shall continue in force as amended from the effective date of such amendment. The revocation or amendment of the appointment of any of the persons listed above, or their ceasing to be a Review Officer for any reason, shall not affect the appointment of the other persons listed

Any dispute as to whether or not a person has been appointed as a Review Officer will be decided by the [insert title].

The appointment of the persons listed above is effective from [insert date] to [insert date].

Signed: Date:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[insert name]

[insert title]