



Home Support Services Authorisation Scheme

NOTIFICATION OF CHANGE

Home Support Services
Services for Older People – Access and Integration



PROVIDER DETAILS

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

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

Full Name	
Title of Position Held	
Contact Email	
Contact Phone Number	
Contact Address	

AUTHORISED SIGNATORY DETAILS

Authorised Signatory (Please print name)	
Signature	
Date	

Authorised Signatory (Please print name)	
Signature	
Date	

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/change to ownership of company/other changes (the “**Notification**”). Please return to 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	Change in Company Name	Company Official Legal Entity name and or Trading Name change only.		Complete Question 1(a) Section A - Page 4 And Complete Questions 1 to 3 Section D – Page 12
2	Change in Authorised Signatory /Contacts information	Authorised Signatory/Contact name changes / address only.		Complete Question 1(c) Section A - Page 5 And Complete Questions 1 to 3 Section D – Page 12
3	Change in Control / Ownership Change of Parent Company / Merger / De-merger	There is a change in control of a company or entity ¹ 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 or where a Merger is proposed which will result in a change of control of the Provider. No change in legal entity.		Complete Question 1(b) Section A – Page 4 And Complete Questions DP1 to DP5 Section C Page 11 And Complete Questions 1 to 3 Section B Pages 6 & 7 Or in the case of change of Parent Company / Merger / De-Merger Complete Questions 1 to 7 Section B Pages 6 & 7 And Complete Questions DP1 to DP5 Section C Page 11 And
4	Management Buyout	Existing management in a company buy the		Complete Questions 1 to 3 Section D Page 12

¹ 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.

		business from current owner. No change in legal entity. Contact name changes only.		
5.	Changes in CHO/Lots that Provider is contracted to operate in under Service Arrangements	Only a reduction in CHO/Lots covered can be agreed		Complete Question 1 Section B – Page 6 If this request relates to a Consortium , please also Complete Questions 2 to 7 Section B Pages 6 & 7
6.	Addition of Provider to Consortia	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 And Complete Questions DP1 to DP5 Section C- Page 11 And Complete Questions 1 to 3 Section D Page 12
7.	Withdrawal from the Scheme	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.	Other – Please provide details of the change(s) proposed			Go to Page 9 and provide details of the change(s)

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*

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, documentation 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. 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 by the Lead Provider, where applicable)

SECTION A		To be completed by the Provider										
No	Questions	Yes	No	Comment								
1	Will there be any change 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><u>Please outline change below</u></p> <table border="1"> <thead> <tr> <th>Previous Official Legal Entity Name</th> <th>NEW Official Legal Entity Name</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> </tr> </tbody> </table> <p>And / Or</p> <table border="1"> <thead> <tr> <th>Previous Trading Name</th> <th>NEW Trading Name</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> </tr> </tbody> </table>	Previous Official Legal Entity Name	NEW Official Legal Entity Name			Previous Trading Name	NEW Trading Name					
Previous Official Legal Entity Name	NEW Official Legal Entity Name											
Previous Trading Name	NEW Trading Name											

SECTION A		To be completed by the Provider			
(b)	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 & company number.				
	Please tick (✓) relevant box(es) below:				
	Change in Authorised Signatory	<input type="checkbox"/>			
	Change of Address	<input type="checkbox"/>			
	Change of Key Contacts	<input type="checkbox"/>			
	Management buyout	<input type="checkbox"/>			
	Straight sale	<input type="checkbox"/>			
	Change in ownership / control	<input type="checkbox"/>			
Other Please detail	<input type="checkbox"/>				

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

Outline changes below:

Previous Authorised Signatory / Signatories	NEW Authorised Signatory / Signatories

Previous Address	NEW Address

And / Or

Previous Contact Name	NEW Contact Name

And / Or

Previous Email	NEW Email

Other:
Please Specify

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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"> <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><i>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.</i></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>Change in legal entity delivering the service;</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>Please tick (v) relevant box(es) below:</p> <table> <tbody> <tr> <td>Asset Sale</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Merger of companies</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Demerger of companies</td> <td><input type="checkbox"/></td> </tr> </tbody> </table>	Asset Sale	<input type="checkbox"/>	Merger of companies	<input type="checkbox"/>	Demerger of companies	<input type="checkbox"/>																															
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	Business Transfer <input type="text"/> Outline change below <div style="background-color: #cccccc; padding: 5px; margin-top: 10px;"> Please Outline Changes Below; </div> <div style="border: 1px solid #ccc; height: 100px; margin-top: 10px;"></div>																											
3	Is your organisation an existing consortium member?																											
4	If you are delivering services under a consortium and want to add a new Entity , are all members of the consortium in agreement with this organisation entering the consortium?																											
5	Is the new Entity requesting addition to a consortium, an existing approved Provider?																											
6	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																												
7	If this request relates to a New Entity not a Provider under the Scheme, please provide the following information (i) to (vii):-																											
i	Company Name:																											
ii	Company Registration Number:																											
iii	Trading Name if applicable:																											
iv	CRO Registered Address:																											
v	Company Status:	Voluntary Commercial	<input type="text"/> <input type="text"/>																									

vi	Charity Regulator Authority (CRA) Registration Number, where applicable	
vii	Charity Revenue Number (CHY), where applicable	

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.

If No. 8 “Other” was selected on Page 3 please input detail below;

	<p>Please state the Legal process being undertaken to give effect to the proposed change and provide the detail on same.</p> <p>Please state proposed effective date of Change:</p> <p><u>Declarations to be signed as appropriate:</u></p> <p>It is confirmed that all information provided in this Notification is true, accurate and complete and no material fact regarding the proposed change has been omitted.</p>	
	Signature	
	Date	

	<p>In the case of a Merger/Demerger, Share Sale or Change in Control</p> <p>It is confirmed that the proposed change will be effected in accordance with and in compliance with law and will, once completed, be legally effective.</p>	
	<p>Signature</p>	
	<p>Date</p>	
	<p>In the case of a new entity controlling service provision:-</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>Signature</p>	
	<p>Date</p>	
	<p>To be signed in circumstances where there is no Change to Legal Entity</p> <p>Service Arrangements (Part 1 & Part 2)</p> <p>It is confirmed that, pursuant to the Change, the Service Arrangements are fully effective and enforceable in all respects against the Company from the Effective date of the Change.</p>	
	<p>Signature</p>	
	<p>Date</p>	
<p><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></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?			
5	<p>If Data not to be stored in Republic of Ireland:</p> <p><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></p> <p><i>Please Outline Arrangements Below;</i></p> <div style="border: 1px solid black; height: 150px; margin-top: 10px;"></div>			
	<p><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></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	<div>Other please specify:</div> <div>Please Specify;</div> <div></div>			