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| HealthCert | **Notification of an incident under section 31** |  |

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| **1. Premises** |
| Legal entity name |
| Enter legal entity name. |
| Premises name |
| Enter premises name. |

District

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| Enter the district the premises is in. |

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| **2. Incident details** |
| Incident date |
| Enter the date the incident took place. |
| Incident type |
| Choose the type of notification you are making. |
| Incident description |
| Describe the nature of the incident. |
| Improvements made as a result of the incident |
| Describe the improvements made as a result of the incident, including actions taken to reduce future risk. |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **3. Resident’s details** | | | | | | |
| Title |  | First name(s) | | |  | Last name |
| Choose an item. |  | Enter first name(s). | | |  | Enter last name. |
| Date of birth | | |  | NHI number |  |  |
| Enter date of birth. | | |  | Enter NHI number. |  |  |

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| **4. Declaration to be completed by premises manager or registered nurse** |

I declare that the information provided is true and correct.

|  |  |  |
| --- | --- | --- |
| Name |  | Date |
| Enter your name. |  | Enter date. |
| Designation | | |
| Enter your designation. | | |
| Phone number | | |
| Enter your phone number. | | |

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| **5. Submitting form** |

Please email the completed form to certification@health.govt.nz.

If you have any questions, please contact HealthCERT on 0800 113 813.

If you hold a contract with Te Whatu Ora, you should also send a copy of this form to your Te Whatu Ora Portfolio Manager.