

**APPLICATION FOR INCLUSION IN A PRACTICE LIST AND/OR HEALTH SERVICE REGISTRATION**

Please complete in black ink and in CAPITAL letters  
Tick boxes as appropriate.

**Part A: Applicant details**

1. Title Mr  Mrs  Miss  Ms  Other  Please specify

2. Surname  3. Previous surname(s)

4. Forename

5. Date of Birth DAY MONTH YEAR

6. Country of birth

7. Male  Female

8. Daytime phone no.

9. Address   
.....  
..... Postcode.....

10. If you wish to register children under 16 years residing with the person named above, please give details below

Surname	*Was child known by any other surname Yes/no	Forenames (in full)	Male/Female	Date of Birth	Country of birth

\* If any child was known by another surname, please complete and send us form GMF153, available from your doctor.

11. State the name of Doctor and practice address chosen, if any

.....  
..... Postcode.....

12. Was the applicant previously supplied with a medical card in Northern Ireland? Yes  No

13. Previous address in Northern Ireland (if any)

.....  
..... Postcode.....

14. Name and address of former doctor in Northern Ireland (if any)

.....  
..... Postcode.....

15. Was the applicant previously supplied with a Medical Card, in England Scotland or Wales? Yes  No

16. Previous address in England, Scotland and Wales (if any) and dates applicant lived there.

.....  
..... Postcode.....  
Dates: From  To

17. Name and address of former doctor in England, Scotland and Wales

.....  
..... Postcode.....

18. Is the applicant paying contributions under the Contributions and Benefits (Northern Ireland) Act 1992? Yes  No

19. If "Yes", please state National insurance number

20. If not paying cnotributins, is the applicant the spouse or dependant of a person paying contributions under the social security contributions and Benefits (Northern Ireland) Act 1992? Yes  No

21. If "Yes", please give the following information about that person:

a. Name

b. Address

.....  
..... Postcode .....

c. Relationship to applicant

d. National Insurance no.

e. date of birth

22. If not currently employed, is the applicant registered with a Social Security Office in Northern Ireland as a jobseeker? Yes  No

23. If "Yes", please give the address of applicant's Social Security Office

.....  
..... Postcode.....

24. Has the applicant resided continuously in the United Kingdom since birth ? Yes  No

25. If "No", please state the date of departure from the United Kingdom, if applicable

26. State most recent date of entry to the United Kingdom

27. Please state last permanent address before coming to the United Kingdom

.....  
..... Postcode .....

28. Approximate dates you lived there: From  To

29. Reason for coming to the United Kingdom  
.....

**• IF AN ASYLUM SEEKER, PLEASE ATTACH EVIDENCE TO THIS FORM THAT YOU HAVE MADE APPLICATION FOR ASYLUM TO THE IMMIGRATION SERVICE AT THE HOME OFFICE.**

**• FOR OTHER APPLICANTS FROM NON EUROPEAN COUNTRIES WE NEED A COPY OF YOUR VISA OR UK PASSPORT AND A COPY OF YOUR WORK PERMIT, IF APPLICABLE.**

30. If applicant is an instructor, student, language assistant, exchange teacher, trainee nurse or a hospital doctor, please state name and address of university, college, school or hospital attended and capacity in which attended

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31. Does the applicant intend to remain permanently resident in the United Kingdom ? Yes  No

32. If "No", please state the proposed length of time the applicant intends to remain in the United Kingdom from today's date. (" Indefinite" is not sufficient). Give the number of months/years applicant intends to stay or your expected date of departure. **STUDENTS - please provide the month and year your course of study will be completed. Please note that your registration will be automatically cancelled following the date of departure you have given. Please contact the Business Services Organisation if your circumstances change**

33. Is the applicant retaining an address outside the United Kingdom? Yes  No

34. If "Yes", please state reason

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**Part B: To be completed only by persons discharged from HM Forces who were NOT issued with or who have lost their discharge form**

35. Unit from which discharged

36. Service no.  37. Discharge Date

**If the applicant has been outside the United Kingdom since the date of discharge, Question 26 of Part A must be completed.**

**Part C: Declaration (to be completed by ALL applicants)**

38. I declare that the information I have given on this form is correct and complete and I understand that if it is not, appropriate action may be taken. I understand that the Business Services Organisation may be legally obliged to disclose the personal data included on this form to relevant statutory authorities for the purposes of prevention, detection and investigation of crime. Furthermore, I understand the Organisation may also share this data with organisations responsible for delivering health and care services in order to facilitate the management of those services, in accordance with its notification under the Data Protection Act 1998. Information about data security and confidentiality matters can be obtained from the Organisation Data Protection Co-ordinator: 2 Franklin Street, Belfast BT2 8DQ, telephone 028 9053 5549.

39. Signature  40. Date

**Part D: To be completed by a doctor willing to accept the person for inclusion in her/his practice**

I accept the person to be registered (and any children under 16 named in Part A) for inclusion in my practice if entitled to receive General Medical Services.

41. Doctor's signature  42. Date

43. Doctor's code no.

**Part E: Voluntary consent or organ donation**

**44. NHS Organ Donation Registration (optional)**

I want to register my details on the NHS Organ Donor Register as someone whose organs/tissue may be used for transplantation after my death. Please tick the boxes that apply.

- Any of my organs and tissue or
- Kidneys  Heart  Liver  Corneas  Lungs  Pancreas

By joining the register you are giving your agreement for your organs and tissue to be used for transplantation to save or enhance the lives of others after your death. For more information, please ask at reception for an information leaflet or visit the website [www.uktransplant.org.uk](http://www.uktransplant.org.uk), or call 0845 60 60 400.

45. Patient's signature  46. Date

(Confirming agreement to organ/tissue donation)

This document will be made available in an alternative format on request (such as large print, audio etc.)

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AND/OR HEALTH SERVICE REGISTRATION**

The Central Services Agency facilitates the registration of patients with the Health and Social Services in Northern Ireland

## Guidance Notes

**Please read the following notes very carefully before completing the form. Please note that to secure inclusion in a practice list, the completed form should be given to the chosen practice for acceptance.**

### Persons required to complete this form

This form must be completed by or on behalf of all persons (except those referred to below) who wish to register under the Health Service in Northern Ireland for General Medical and/or General Dental and General Ophthalmic Services and who are currently resident in Northern Ireland.

### Persons not required to complete this form

- Persons ordinarily resident in Northern Ireland who have misplaced their valid Northern Ireland Medical Cards or persons who have come to Northern Ireland directly from residing in England, Scotland or Wales also use form HS200 to register with a doctor. This is available at any Doctor's Surgery or from the address below.
- Holders of an Infant Registration Form (HS123) issued by the Registrar when a birth is registered. If original Infant Registration Form (HS123) has been mislaid, a duplicate should be obtained from the District Registrar's Office.
- Holders of Form FP13 issued on discharge from the HM Forces.

To secure inclusion in a practice list, the completed form should be given to the chosen practice for acceptance.

### Children under 16

This form may be used to register children under 16 residing with the applicant provided that the full names and dates of birth of the children are entered in Part A.

If inclusion in a practice list is required, the form should be presented to the practice chosen. In all other cases, the form should be forwarded to:

The Director of Family Practitioner Services  
Business Services Organisation  
2 Franklin Street  
Belfast  
BT2 8DQ

If you wish your name to be recorded on the NHS Donor Register, please complete the statement at Part E.

**Please note that, unless you intend to remain permanently in the UK, we need details on how long you intend to stay; otherwise we are unable to process your application.**