

HILLSBOROUGH MEDICAL PRACTICE

APPLICATION TO REGISTER AS A TEMPORARY RESIDENT

We can treat people as temporary residents if they do not live in our area usually, but are staying here for **longer than 24 hours but less than 3 months**. If you expect to be in the area longer than 3 months, please register as a regular patient so that we can get your medical records from your previous Doctor.

Please complete this form **fully**, and sign at the bottom. We will pass on any relevant medical information to your registered Doctor.

PATIENT DETAILS	
Mr/Mrs/Miss/Ms/Other	
Forname(s)	
Surname	
Date of Birth	
H&C Number	
YOUR USUAL ADDRESS	
House number & street	
Postcode	
Tel Number	
YOUR USUAL GP	
GP's Name	
Address	
Tel Number	
Details of where you	are staying in the Hillsborough area
Address	
Tel Number	

DECLARATION

I expect to be temporarily resident at the above address for less than 3 months

SIGNED _____ DATED _____

(Parent/Guardian to sign if patient is under 16 years of age)

Application to register with a GP in Northern Ireland for Patients registered with a GP in Great Britain

All applicants must provide Photographic ID & proof of address within practice area.

Details of applicant:

1.1 Title:

☐ Mr ☐ Mrs ☐ Miss ☐ Ms
Other

1.2 Surname:

1.3 Previous Surname:

1.4 Forename(s) (in full):

1.5 Date of Birth:

1.6 Gender:

☐ Male ☐ Female

1.7 Country of Birth:

Documentation required:

UK: ☐ Photographic ID and Proof of address in NI

EEA (Non UK): ☐ Passport and proof of address in NI

Non EEA: ☐ Visa/Biometric Residence Permit,
Passport and proof of address in NI

1.8 Daytime phone number:

The BSO may contact you regarding your application.

1.9 Current address in Northern Ireland:

Postcode

1.10 If you have an address outside Northern Ireland, please provide details:

Postcode

1.11 Name and address of GP Practice you wish to register with in Northern Ireland:

Name of GP Practice

Address

Postcode

1.12 Name and Address of previous GP Practice you were registered with in GB:

Name of GP Practice

Address

Postcode

1.13 If you have a previous address in England, Scotland, Wales or NI, please provide details:

Postcode

1.14 Health and Care Number, if known:

1.15 If you are returning from the Armed Forces, please provide address before enlisting:

Address

Postcode

Service/Personnel Number:

Enlistment Date:

Discharge Date:

DECLARATION : To be completed by all applicants

I wish to apply for Health Service registration in Northern Ireland, on the basis that I am ordinarily resident in Northern Ireland and I declare that the information I have given on this form is correct and complete. I understand that if it is not, appropriate action may be taken against me, including cancelling my registration and the recovery of charges.

I understand that by applying to register with a GP Practice in Northern Ireland, my information will be shared to and by the Business Services Organisation, with other bodies including HSC organisations, Fraud Prevention Agencies and Government Bodies such as the Department for Communities, Department of Work and Pensions, Her Majesty's Revenue and Customs, the Home Office, the Health Service Executive, the Department of Social Protection and any other government bodies as may be appropriate for the following purposes:

- to check the accuracy of the information provided;
- to determine eligibility to register with a GP in Northern Ireland;
- prevent or detect crime;
- protect public funds.

You should note that if you do not provide the information relating to your entitlement, this may affect your ability to access Health and Social Care Services in Northern Ireland, including registration with a GP Practice.

Signature:
Print Name:
Date:

As the applicant lacks capacity I am signing this application on their behalf.

Signature:
Print Name:
Relationship to applicant:
Date:

To be completed by doctor willing to accept the applicant for inclusion on the GP Practice list

I accept this person to be registered for inclusion in my Practice list if entitled to receive General Medical Services.

Doctor's signature:
Doctor's cypher:
Date:

Voluntary Consent or Organ Donation (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.

All 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 www.uktransplant.org.uk, or call 08456060400.

Patient's signature: Date: