Application to register for Health and Social Care Services in Northern Ireland

Guidance Notes

WHY YOU NEED TO COMPLETE THIS FORM

Health and Social Care Services in Northern Ireland are not free to everyone. As they are primarily for the benefit of people who reside in Northern Ireland, you are required to complete this form and provide supporting documentation, so that your residence status can be assessed. If you are considered eligible to register with a GP practice you can access publicly funded healthcare which is mostly free.

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 with a GP practice on the basis of being 'ordinarily resident' or someone intending to stay in Northern Ireland for over 6 months

CHILDREN UNDER 16

This form may be used to register children under 16 residing with the applicant in Northern Ireland provided that the full names and dates of birth of the children are entered in Section 1 - 1.17

*PERSONS NOT REQUIRED TO COMPLETE THIS FORM

- Medical Card (use HS200 available from GP Practices)
- Wales (use GB medical card or HS200 if medical card not available)
- registered.
- Holders of Form FP13 issued on discharge from the HM forces

COMPLETING THIS FORM

If you are completing this form as ordinarily resident or a long term visitor in Northern Ireland you should complete Sections 1, 2 and 4.

CROSS BORDER WORKERS

This form should be used by persons wishing to register as a Cross Border Worker (also called Frontier Worker). To qualify as a cross border worker you must live in another EEA country and work in Northern Ireland and travel home daily or on a regular basis. To registered as a cross border worker you must complete sections 1, 3 and 4.

The completed form should be presented to the GP practice chosen along with the relevant documentation.

Persons ordinarily resident in Northern Ireland who have misplaced their valid Northern Ireland

Persons who have come to Northern Ireland directly from residing in England, Scotland or

Holders of an Infant Registration Form (HS123) issued by the Registrar of Births when a birth is

Entitlement to register for Primary Care in Northern Ireland

Ordinarily Resident

The test of residence that Northern Ireland uses to determine entitlement to publically funded healthcare is known as "ordinarily resident". In order to be considered ordinarily resident in Northern Ireland, you must be lawfully residing here for a settled purpose.

Long Term Visitor

Visitors here (e.g. for more than 6 months) such as students, workers and asylum seekers

Claiming to be Ordinarily Resident or a Long Term Visitor

Return your completed form (Sections 1, 2 and 4) along with your supporting documents to the GP practice you have chosen. You must provide three items of supporting documentation (see page 7), one from list 1, one from list 2 and one from list 3.

Nationals of EEA Member States - EEA nationals are almost always here lawfully, however, in order to meet the requirements to register with a GP they must demonstrate their purpose for being in Northern Ireland.

Nationals from non-EEA states - Non-EEA nationals must provide documentation to show that they are lawfully in Northern Ireland and also demonstrate their purpose for being in Northern Ireland.

Asylum Seekers - If you are seeking asylum in the United Kingdom you must provide your Application Registration Card (ARC) to verify that you are lawfully in Northern Ireland along with relevant evidence you are living in Northern Ireland.

Please note students and their dependents will automatically be de-registered on the date the course ends, without notice being given to them.

How we use your information

The Business Services Organisation is a Data Controller under the Data Protection Act 1998. We hold information for the purposes specified in our notification to the Information Commissioner, including the assessment of patient charges. We may get information about you from others, or we may give information to them. If we do, it will only be as the law permits to:

- Check the accuracy of the information you have provided on your claim
- Prevent or detect crime
- Protect public funds

Further Information

If you require assistance or have any queries about this form please contact:

Family Practitioner Services **Business Services Organisation** Tel: 0300 555 0113

SUPPORTING DOCUMENTATION

You are required to provide supporting documentation along with your completed application form. Please provide one item from list 1, one item from list 2 and one item from list 3 and indicate with a tick (\checkmark) the items you are sending to confirm your identity and status in Northern Ireland.

LIST 1 : Lawfully in the Northern Ireland					
EEA Nationals	✓	Non EEA Nationals	✓	Asylum Seekers	✓
Valid Passport		Valid Passport and valid Visa		Application Registration Card (ARC)	
EEA National Identity Card		Biometric residence permit valid in UK			
Birth and Marriage or Civil Partnership Certificate and proof of EEA status		UK Certificate of Naturalisation			
	LIST	2: Residing in North	ern Irel	land	
EEA and N	on EEA	Nationals	~	Asylum Seekers	✓
Current UK Driving Licence (pho	oto card a	nd counterpart)		Letter from the Home Office	
Current Northern Ireland Rates B	Bill				
Current Northern Ireland Voters	Card				
Current Home or Vehicle Insurar	nce policy	valid for Northern Ireland			
Signed, current Tenancy agreem statement for a property in North					
Current bank statements for active account which show Northern Ireland Address					
Recently paid utility bill (gas, electricity or telephone - <u>not</u> a mobile phone)					
Recent payslip from current employer showing employees address					
P45 or P60 for the last tax year s	howing e				
Evidence of receipt of Housing B	Benefit in	Northern Ireland			
Letter issued by Department of N Agency showing address	Nork and	Pensions or Social Security			
LIS	ST 3 : F	Reason for being in No	ortherr	Ireland	
EEA and N	on EEA	Nationals	TICK ✓	Asylum Seekers	TICK ✓
A letter from Department of Work and Pensions or Social Security Agency confirming receipt of a UK State pension or Benefit				Valid HC2 certificate	
Recent payslip from current employer (showing employer's address and employee's NINO)					
P45 or P60 for the last tax year					
Letter from Northern Ireland Univ institution)	Letter from Northern Ireland University (stamped and signed by institution)				
Letter from HMRC, Department of Work and Pensions or Social Security Agency with your national insurance number					
Letter from HMRC with your Unio	que Tax R	leference			

SECTION 5: To be completed by doctor willing to accept the person for inclusion on the GP practice list

I accept this person to be registered (and any children under 16 named in Section 1) for inclusion in my practice if entitled to receive General Medical Services.

Doctor's Signature:	Doctor's code no:	
Date		
SECTION 6: Voluntary Consent or Organ Donation (optiona	D	

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	🗌 Kidneys	Heart	Liver	Corneas	Lungs	Pancreas	
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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:

NOTES

Please enter any additional relevant information in the box below.

СН	EC	KL	ST	•

Have you answered all questions as directed in the form?	
Have you signed and dated the relevant declaration?	
Have you enclosed all relevant supporting documentation?	

WHAT YOU MUST NOW DO

Return the completed form along with relevant supporting documentation to the GP Practice at which you wish to register.

If you require this document in a minority language (to meet the needs of those not fluent in English) please contact the BSO Family Practitioner Service on 0300 555 0113

Application to register for Health and Social Care Services in **Northern Ireland**

Please be aware you are required to provide additional documentation to support the information you provide on this form. If you are claiming to be ordinarily resident or a long term visitor in Northern Ireland you must complete Sections 1,2 and 4. Cross Border workers must complete sections 1,3 and 4

SECTION 1 : Details of registering patient(s)

1.1	Title
	Mr Mrs Miss Ms
	Other
1.2	Surname
4.0	
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
1.8	Daytime phone number
1.0	
1.9	Do you give the BSO permission to
	contact you by telephone?
	Yes No
1.10	Current address
	Postcode
1.11	Postcode Previous address in Northern Ireland
1.11	
1.11	
1.11	Previous address in Northern Ireland
1.11	
1.11	Previous address in Northern Ireland
	Previous address in Northern Ireland Postcode
	Previous address in Northern Ireland Postcode Name and address of previous doctor in Northern Ireland
	Previous address in Northern Ireland Postcode Name and address of previous doctor in Northern Ireland Name of Doctor
	Previous address in Northern Ireland Postcode Name and address of previous doctor in Northern Ireland
	Previous address in Northern Ireland Postcode Name and address of previous doctor in Northern Ireland Name of Doctor
	Previous address in Northern Ireland Postcode Name and address of previous doctor in Northern Ireland Name of Doctor Address
	Previous address in Northern Ireland Postcode Postcode Name and address of previous doctor in Northern Ireland Name of Doctor Address Postcode
	Previous address in Northern Ireland Postcode Name and address of previous doctor in Northern Ireland Name of Doctor Address

1.13	Previous add	lress in Unit	ed Kingdom
	Postcode		
1.14	Name and ad	dress of pre	vious doctor in
	the UK Name of Do	ctor	
	Address		
	Postcode		
	Date from		
	Date to		
1.15	Previous He	alth and Car	e Number, if
	applicable		
1.16	Name and ac register with		ctor you wish to Ireland.
	Name of Doo		
	Address		
	Postcode		
1.17 If you are registering children under 16			
			ou in Northern
1	Surname	se give their	details below
L	_		
	Forename Gender	Male	Female
	Date of Birth Country of E		
	-		
2	Surname		
	Forename		
	Gender	Male	Female
	Date of Birth		
	Country of E	Sirth	
3	Surname		
	Forename		
	Gender	Male	Female
	Date of Birth		
	Country of Bi	rth	

SEC	CTION 2 :
2.1	Have you resided continually in the UK
	since birth?
	Yes Go to Section 4
	No Go to question 2.
2.2	From which country have you travelled to the United Kingdom?
	Go to question 2.3
2.3	Northern Ireland?
	Go to question 2.4
2.4	What is your reason for being in Northern
	Ireland?
	To join a family member
	To work
	Other
	Go to question 2.5
	Go to question 2.1
	To seek asylum
	Please provide your ARC number
	Go to Section
2.5	Do you intend to remain permanently in
	Northern Ireland?
	Yes Go to question 2.
	NO Please state the date you intend to leave
	Please note your registration will be cancelled on the
	date Go to Section 4
2.6	Do you have a National Insurance number issued in the United Kingdom?
	Yes Please state your National Insurance no
	Yes Please state your National Insurance no
	Go to question 2.7
2.7	Are you employed or self-employed?
	Yes
	Please provide details of your employer/ business
	Name
	Address
	Postcode
	Date employment/ self-employment
	Go to Section
	No Go to question 2.8

2.8	8 Are you registered with a Social Security Office in Northern Ireland and in receipt of			
	a state benefit or entitlement?			
	Yes			
	Name of benefi	t or entitlement		
	Date of comme	ncement		
		Go to Section 4		
	No No	Go to question 2.9		
2.9	Are you in receipt	of an EEA pension?		
	Yes	Go to Section 4		
Plea	ase note, if you are i	n receipt of an EEA		
İrela		other than the UK and to provide your S1 form ork and Pensions.		
	No	Go to guestion 2.10		
2.10	Are you a student	or a dependant of a		
	•	g a course of study in		
	Northern Ireland?			
	Yes Please pr	ovide details.		
	Name of college/un	iversity		
	Date course started			
	Date course ends			
		tion will be cancelled on		
the date the course ends				
Students from an EEA country other than the UK				
and Ireland must provide their valid European				
Health Insurance Card (EHIC) each time they present at a GP practice or hospital for treatment.				
pres				
lf yo	u are a dependant pl	ease provide details		
of <u>th</u>	<u>e student</u>			
	Name			
	Address			
	Postcode			
Please provide <u>the students</u> Date of Birth.				
	Please provide <u>the s</u>	tudents Health and		
	Care Number (HCN)			
		Go to Section 4		
	No	Go to question 2.11		

2.11	Are you a dependant of a person who is
	ordinarily resident in Northern Ireland?

Yes	
Please state	your relationship to <u>this person</u>
Please provid	le the details of <u>this person</u>
Name	
Please provid	le <u>this person's</u> Date of Birth
•	le <u>this person's</u> Health and
Care Number	
	Go to Section 4
No No	Go to question 2.12
2 Have you been o	discharged from HM forces?
Yes Please	provide details
Unit from which	n you were discharged
Service No.	
Service No.	
Discharge date	
	Go to Section 4

SECTION 4 :

2.1

In order to apply to access Health and Social Care Services in Northern Ireland as ordinarily resident or a long term visitor you must read and sign the declaration below:

I wish to apply for Health Service registration in Northern Ireland, on the basis that I am ordinarily resident or a long term visitor 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 consent to the sharing of my information to and by the BSO, HSC organisations, Fraud Prevention Agencies and Government Bodies such as, the Social Security Agency, Her Majesty's Revenue and Customs and the Home Office, for the following purposes:

- ٠ The management of health care services
- To verify my entitlement to access Health and Social Care Services in Northern Ireland ٠
- The prevention, detection and investigation of fraud. ٠

I understand that by not providing consent for the sharing of my information, this may affect my ability to access Health and Social Care Services in Northern Ireland, including registration with a General Practitioner (GP).

Signature:		
Print Name:		
Date:		
I am signing th	nis application on behalf of the person named in section	
Signature:		
Print Name:		
Relationship to person:		
Date:		

SECTION 3 : Cross Border Workers Only		
3.1	Do you have a National Insurance number issued in the United Kingdom?	
	Yes Please state your National Insurance no	
	No Go to question 3.2	
3.2	Please provide details of your employment/ self employment	
	Name	
	Address	
	Postcode	
	Date employment commenced	
3.3	How often do you travel to Northern Ireland to	
	undertake your employment/self employment?	
	daily	
	weekly	
	monthly	

on 1.