HSC Business Services Organisation

# Application for patients wishing to transfer GP within Northern Ireland or transferring from Great Britain

## Guidance Notes

### WHY YOU NEED TO COMPLETE THIS FORM

If you have recently moved to Northern Ireland from Great Britain, and wish to register with a GP or are transferring internally from another GP Practice within Northern Ireland, you need to complete this form and provide the relevant supporting documentation.

### APPLICANTS REQUIRED TO COMPLETE THIS FORM

This form must be completed by or on behalf of all applicants (except those referred to below*) wishing to transfer their registration from a GP in Great Britain or another GP Practice within Northern Ireland.

***Applicants not required to complete this form**

- Persons taking up Ordinary Residence in Northern Ireland who are not currently registered with a GP in Great Britain or Northern Ireland; (HSC-R1)
- Visitors to Northern Ireland who are not currently registered with a GP in Great Britain or Northern Ireland; (HSC-R1)
- Holders of an Infant Registration Form (HS123) issued by the Registrar of Births when a birth is registered.

### COMPLETING THIS FORM

All applicants must complete this form, sign the declaration on Page 3 and provide supporting documentation to the Practice.

### 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 and/or to:

- check the accuracy of the information provided;
- prevent or detect crime;
- protect public funds.

Details of our Fair Processing Notice can be found at:

http://www.hscbusiness.hscni.net/services/1785.htm or by contacting us using the details below.

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

Medical Registration
Business Services Organisation
Tel: 0300 555 0113

# 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. Applicants born outside NI are also required to show documentary proof of being lawfully in NI.**

## SECTION 1 : Details of registering patient

**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:**

**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

**1.4 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, I am consenting to the sharing of my information 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 and the Department of Social Protection, for the following purposes:

- to check the accuracy of the information provided;
- prevent or detect crime;
- protect public funds.

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

Signature:

Print Name:

Date:

As the person named in Section 1 lacks capacity I am signing this application on their behalf.

Signature:

Print Name:

Relationship to person:

Date:

**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 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 ☐ 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:

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