# APPLICATION TO REGISTER PERMANENTLY WITH A GENERAL MEDICAL PRACTICE

## ALL FIELDS MARKED \* ARE MANDATORY AND MUST BE COMPLETED AS FULLY AS POSSIBLE



## 1. PERSONAL DETAILS

Is this your first registration with a GP Practice in the UK?	Yes	No		Will you be in the area for more than 3 months?  (If 'No', please complete a temporary reside.)	Yes	No	
Male * Female *				(ii No, please complete a temporary resider	it ioiiiij		
Date of birth *				Address *			
Title *							
Surname *							
Forenames *							
Previous surname *				Postcode *			
				Telephone #			
Email address #				Mobile #			
# the data supplied in these fields will not be i	input to, or	updated	in, the Comi	nunity Health Index (CHI), but will be held on t	the GP Pract	ice's system.	
The following information can be found on you	ur <b>current</b>	medical	card:				
Community Health Index (CHI) number *				NHS number *			
The following information can be found on you	ur <b>birth c</b> e	ertificate					
Town of birth *	a. <b>.</b>	, anouto		Country of birth *			
Registered district of birth (Scotland only)				Mother's maiden name			
2. HELP US TO TRACE YOUR FINFORMATION  Address in UK when you were last registered			HEALT	H RECORDS BY PROVIDING TH		OWING	
Postcode *				Postcode *			
If you are from abroad:							
Date you first came to live in the UK *				If previously resident in the UK, date of leaving *			
Your most recent country of residence				and ork, date or loaving			
If you have served in the British A	rmed F	orces:		Service Number			
Enlistment date *							
Are you a Reservist?  Leaving date *		Yes	No	If yes provide your address before enlisting	ŧ		
				Postcode *			

1 GMSGPR001 V27 1 2021

Yes

No

Is this your first registration with a GP since leaving the armed forces?

### 3. VOLUNTARY AUTHORISATION FOR ORGAN OR TISSUE DONATION

You have a choice about organ or tissue donation. To find out more about why it is important that you take the time to make your donation decision and record it, go to www.organdonationscotland.org

## 4. HOW WE USE INFORMATION

The information you have provided will be used by NHS Scotland to carry out its various functions and services including scheduling appointments, ordering tests, hospital referrals and sending correspondence.

Your information, including your name, gender, date of birth and address, will be passed to NHS National Services Scotland where it will be held on the Community Health Index (CHI). This information is used to register you with the GP Practice, transfer your medical records between GP practices in the UK, make payments to GP Practices for medical services provided, and to process and issue medical exemption certificates and entitlement cards.

NHS National Services Scotland shares information about you within NHSScotland to assist in the provision and improvement of NHS services and the health of the public. When we do this, we do it as described by NHS Scotland in the NHS Inform website under the "How the NHS handles your personal health information" section.

NHS Scotland is made up of various organisations such as NHS Health Boards, GP practices, the Scottish Ambulance Service or NHS National Services Scotland (the common name of the Common Services Agency for the Scottish Health Service). These organisations are individually responsible for your personal health information. In terms of data protection and privacy laws, they are known as 'data controllers'.

Find out more about NHS Scotland in the link provided above.

#### 5. PATIENT DECLARATION

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. To enable NHS National Services Scotland to confirm my eligibility to lawfully register with a GP and for the purposes of prevention, detection, and investigation of crime, the minimum necessary information from this form could be disclosed to relevant authorities.

I understand that more comprehensive information about how NHS Scotland handles my data is available from NHS Inform.

This information can be provided in other languages and formats on request. The NHS Inform helpline provides an interpreting service.

Patient / Patient's representative signature	Date *
Representative's name (if applicable)	
Relationship to patient (if applicable)	

#### 6. FOR PRACTICE USE

GP reference number GP name

Practice code

#### Identification seen - do not take or retain photocopies

Please initial each relevant box (it is recommended that at least one form of the identification is seen to positively identify the applicant although it is not mandatory to provide identification to register)

Birth cert Student ID card Driving licence Passport or HC2 cert App reg card Other / None

I accept this patient onto the practice list and declare that, to the best of my knowledge, this information is correct. I acknowledge that the details may be authenticated from appropriate records, and that payments generated from this patient registration will be subject to Payment Verification.

Authorised Practice signature Date \*

### 7. FOR OFFICIAL USE ONLY

Input by	Practice stamp
Checked by	
Date	

2 GMSGPR001 V27 1 2021