

## 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 General Data Protection Regulation (GDPR). We hold information for the purposes specified in our Privacy notice and these are also outlined in our notification to the Information Commissioner. We may get information about you from statutory agencies, as may be appropriate or we may give information to them but only be as the law permits and/or 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.

Details of our **Privacy** Notice can be found at:

<http://www.hscbusiness.hscni.net/services/2953.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.

## 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](http://www.uktransplant.org.uk), or call 08456060400.

Patient's signature:  Date:

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