Application to register with a GP Practice for eligible visitors or persons taking up ordinary residence 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, those who apply to register with a GP Practice in Northern Ireland must complete this form and provide supporting documentation, so that your entitlement to access services can be assessed.

If you are considered eligible to register with a GP Practice you can access publicly funded health and social care services, which are mostly free. Please note that a visitor lawfully here and registered with a GP is not entitled to Social Care services free of charge.

APPLICANTS REQUIRED TO COMPLETE THIS FORM

This form must be completed by or on behalf of all applicants (except those referred to below*) who wish to register with a GP Practice.

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 1.14.

*Applicants not required to complete this form

- Persons transferring from one Northern Ireland or GB Practice to another Practice within Northern Ireland should complete HS200/2021
- 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 Section 1 and sign the declaration in Section 6.

If you are completing this form as being Ordinarily Resident please complete Sections 1, 3, 5 & 6.

If you are an **Eligible Visitor** in Northern Ireland please complete Sections 1, 2, 5 & 6.

If you are a **Cross Border Worker*** please complete Sections 1, 4, 5 & 6.

The completed form should be presented to your chosen GP Practice along with the relevant supporting documentation, as required.

*Cross Border Workers

To qualify as a Cross Border Worker you must live in another EEA country and work in Northern Ireland, travelling home daily or on a regular basis.

Categories of Entitlement

Ordinarily Resident in Northern Ireland:

Persons coming to Northern Ireland to live are required to meet the 'Ordinarily Resident Test' in Northern Ireland, i.e. you must be lawfully residing in Northern Ireland and have an identifiable and settled purpose here.

To satisfy this test you must have indefinite leave to remain in the United Kingdom (UK), and provide proof of your settled purpose e.g. to work, and confirmation of your **Northern Ireland** address.

Eligible Visitor:

An eligible visitor is a visitor to Northern Ireland who is lawfully present in Northern Ireland and satisfies a relevant exemption from charges such as students, workers and asylum seekers in accordance with the Health and Personal Social Services Provision of Health Services to Persons Not Ordinarily Resident Regulations (Northern Ireland) 2015.

- 5. Lawful Residence for 12 months;
- 6. Presence for work, study or to settle;
- 8. Reciprocal Agreements;
- **9.** Refugees, Asylum Seekers and children in care;
- 10. Victims of Human Trafficking;
- **11.** Exceptional Humanitarian Reasons;
- 12. Diplomats;
- 13. NATO Forces;
- **14.** Long term Visits by UK Pensioners;

- **15.** War pensioners and armed forces compensation scheme payment recipients;
- 16. HM UK Forces/ Crown Servants and others;
- 17. Former Residents working overseas;
- 18. Missionaries for organisation established in UK;
- 19. Prisoners and detainees;
- 20. Employees on UK Registered Ships;
- 22. Family members of visitors.

For further information please visit:

http://www.hscbusiness.hscni.net/services/1785.htm

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 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: <u>http://www.hscbusiness.hscni.net/services/2953.htm</u> 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 Practice for eligible visitors or persons taking up ordinary residence in Northern Ireland.

| All applicants must complete Section 1 and provide Photographic ID. | | 1.12 | Name and address of GP Practice you wis to register with in Northern Ireland: | | |
|---|---|------|---|--|--|
| | | | Name of GP Practice | | |
| SECT | ON 1 : Details of registering patient | | | | |
| 1.1 | Title: | | Address | | |
| | | | | | |
| | Other | | | | |
| 1.2 | Surname: | | | | |
| 1.2 | | | Postcode | | |
| 4.0 | | 1.1 | 13 Previously registered in Northern Irelan | | |
| 1.3 | Previous Surname: | | Yes No | | |
| | | | | | |
| 1.4 | Forename(s) (in full): | | Name of previous GP Practice in NI | | |
| | | | | | |
| 1.5 | Date of Birth: | | | | |
| | | | Address | | |
| 1.6 | Gender: | | | | |
| | Male Female | | | | |
| 1.7 | Country of Birth: | | Postcode | | |
| | | | | | |
| 1.8 | Daytime phone number: | 1 14 | If you are registering children under 16 | | |
| | | | years old residing with you in Northern | | |
| | The BSO may contact you regarding your | | Ireland, please give their details below. | | |
| | application. | 1 | Surname | | |
| 1.9 | Current address in Northern Ireland: | | Forename | | |
| | | | Gender Male Female | | |
| | | | Date of Birth | | |
| | | | Country of Birth | | |
| | Postcode | | | | |
| 1.10 | If you have an address outside Northern | 2 | Surname | | |
| | Ireland, please provide details: | | Forename | | |
| | | | Gender 🔄 Male 📄 Female | | |
| | | | Date of Birth | | |
| | | | Country of Birth | | |
| | Postcode | - | | | |
| | | 3 | Surname | | |
| 1.11 | Health and Care Number, if known: | | Forename | | |
| | | | Gender Male Female | | |
| | | | Date of Birth | | |
| | | | Country of Birth | | |

| SECT | ION 2: Please complete this section if you are | 2.7 | Please state country of residence: |
|------|--|------|---|
| | a visitor to Northern Ireland | | Go to 2.8 |
| 2.1 | From which country have you travelled to Northern Ireland? | 2.8 | Please provide your Passport or EEA Identity card details, as applicable: |
| | Go to 2.2 | | Country of Issue |
| 2.2 | What date did you arrive in Northern Ireland? | | |
| | Go to 2.3 | | Passport Number/ ID Card Number |
| 2.3 | What date do you intend to leave Northern Ireland? | | Issue Date |
| | Go to 2.4 | | Expiry Date Go to 2.9 |
| 2.4 | What is the purpose of your visit e.g. Holiday/ Visiting family/ Study/ Work etc.? | | n must provide the original document to Practice staf |
| | Go to 2.5 | 2.9 | Do you hold a European Health Insurance Card (EHIC)? |
| 2.5 | Please provide details of any exemption | | Yes Please provide details: |
| | you meet under the Provision of Health Services to Persons Not Ordinarily | | Country of Issue |
| | Resident Regulations (Northern Ireland) | | |
| | 2015, if applicable. | | EHIC No |
| | | | Valid from |
| | | | Valid to |
| | | You | u must provide the original document to Practice stat |
| | | 100 | Go to Section |
| | | | No Go to 2.1 |
| | Please Note: | 2.10 | Do you hold a Visa issued by the UK |
| | You must provide documentary proof of your claim for exemption as requested by Practice Staff. | | Home Office? Yes Please provide details: |
| | Unless you are seeking asylum go to 2.6 | | Туре: |
| | If seeking asylum you must provide your | | Visa No |
| | Application Registration Card (ARC) and | | Valid from: |
| | BAIL 201 letter from the Home Office confirming your address in Northern Ireland. | | |
| | | | Valid to: Go to 2.1 |
| | Go to Section 5 | You | n must provide the original document to Practice staf |
| 2.6 | Do you normally reside in England, | | No Go to Section 5 |
| | Scotland or Wales? | 2.11 | 1 Do you hold a Biometric Residence Permit |
| | Yes | | issued by the UK Home Office? |
| | You must provide proof of your residency in England, Scotland or Wales to the Practice. | | Yes Please provide details: |
| | | | Unique Number: |
| | GP Details in England, Scotland, Wales: | | |
| | | | Issue Date |
| | | | Expiry Date |
| | | | Go to Section |
| | | You | u must provide the original document to Practice sta |
| | | | No Go to Section |
| | Go to Section 5 | | |
| | NO Go to 2.7 | | |

| SECT | TION 3 : Please complete this section if you taking up residency in Northern Ire | | 3.6 | Are you a dependant of a person who is ordinarily resident in Northern Ireland? |
|---------------------|---|---------------------|-----|---|
| Nort imm Plea | can only register as ordinarily residen thern Ireland if you are not subject to higration control. ase Note: <u>You are required to provide at l</u> document from each list on page 8. | UK | | No Go to Section 5 Yes The person I am dependent on is: Employed |
| 3.1 | Where have you resided in the past 12 months? If England, Scotland or Wales please provide full postal address. | ·, | | Self-employed A pensioner Other Please provide details: |
| | Postcode | Go to 3.2 | | Please provide the name of <u>this person:</u> |
| 3.2 | From which country have you travelled Northern Ireland? | to | | Please provide <u>this person's</u> Date of Birth: |
| | | Go to 3.3 | | Blasse state your relationship to this persons |
| 3.3 | What was your most recent date of entr Northern Ireland? | ry to | | Please state your relationship to <u>this person:</u> |
| | | Go to 3.4 | | Please supply documentary proof of |
| 3.4 | What is your reason for being in Northe | ern | | relationship i.e. Marriage Certificate. Please provide <u>this person's</u> Health and |
| | Retirement | Go to 3.5 | | Care Number (HCN) if they have one: |
| | Join a family member | Go to 3.5 | | |
| | Take up employment | Go to 3.5 | | In addition to your own documents from |
| | Seek employment | Go to 3.5 | | list 1 and list 2 you must also provide one document from list 1, list 2 and list 3 on |
| | Other Please provide details: | | | Page 8 in the above person's name. |
| | | Go to 3.5 | | Go to Section 5 |
| 3.5 | Are you in receipt of an EEA pension? | | | |
| | Yes Go to | Section 5 | | |
| | Please Note: If you are in receipt of pension from a country other than the U you are required to provide to the practice form, issued by your former courresidence. | K or Rol your S1 | | |
| | For patients from Rol you must provide from the Department of Social Protectio confirming you have informed them that residing in Northern Ireland. | n (DSP) | | |
| | No No | Go to 3.6 | | |

| SECTI | ON 4 : Please complete this section if you are a Cro | ss Bo | order | Worker |
|-------|---|-------|-------|--|
| 4.1 | Please state your National Insurance No: Go to 4.2 | | 4.3 | How often do you travel to Northern Ireland to undertake your employment or self employment? |
| 4.2 | Please provide details of your employer or business: Name of employer/business | | | Daily Weekly Monthly Go to 4.4 |
| | | | 4.4 | Are you registered with a GP in the |
| | Address | | | Republic of Ireland? |
| | | | | Yes Go to Section 5 |
| | | | | Name of Doctor |
| | | | | |
| | Postcode | | | Address |
| | Date employment/self employment | | | |
| | commenced | | | |
| | Go to 4.3 e Note: To register as a Cross Border Worker you are | | | Postcode |
| - | ed to supply your most recent payslip showing your yers or business name and address as stated above. | | | No Go to Section 5 |
| SECTI | ON 5 : Additional Information | | | |
| | | | | |

Do you have any additional information you wish to add to your application:

 Yes
 Please provide details below (before going to Section 6):

 No
 Go to Section 6

SECTION 6 : To be completed by all applicants - Please note: continued on next page

In order to apply to access Health and Social Care Services in Northern Ireland you must read and sign the declaration on page 7.

I wish to apply for Health Service registration in Northern Ireland, on the basis that I am ordinarily resident or an eligible 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 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.

SECTION 6 Continued :

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

| Signature: | |
|----------------------------|--|
| Print Name: | |
| Relationship to person: | |
| Date: | |

SECTION 7 : 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: | |
| Practice Number: | |
| Date: | |

SECTION 8 : Voluntary Consent for Organ Donation (optional)

Organ donation saves and improves thousands of lives each year, with even more lives improved by tissue donation. Just one organ donor can save the lives of up to 9 people. Each year, around 10-15 people in Northern Ireland die while waiting for an organ transplant.

Talk to those close to you about your organ donation decision and sign the Organ Donor Register – one day it could mean the gift of life. It takes just 2 minutes to sign at <u>www.organdonationni.info</u> or call 0300 123 23 23.

Or scan the QR code to go directly to the Register.



WHAT YOU MUST NOW DO

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

This document is available on the BSO website in minority languages to assist applicants where English is not their first language.

SUPPORTING DOCUMENTATION FOR THOSE TAKING UP RESIDENCE IN NORTHERN IRELAND ONLY

You are required to provide supporting documentation along with your completed application form. Please supply one item from each list below. If you are having difficulty providing any of the items listed, please speak to Medical Registrations BSO 0300 555 113, who will discuss what alternative documents would be acceptable.

Please indicate with a tick (\checkmark) the items you are sending to confirm your identity and status in Northern Ireland.

| | 1 |
|---|-----------|
| LIST 1 : Lawfully in Northern Ireland If you are having difficulty providing any of the items listed, please speak to Medical Registrations BSO 0300 555 0113 | TICK ✓ |
| Valid Passport | |
| Valid Visa issued by the UK Home Office (if applicable) | |
| Birth Certificate, and where applicable, Marriage or Civil Partnership Certificate | |
| Certificate of Naturalisation or proof of EEA status | |
| Other valid Photographic ID (confirming Nationality) | |
| LIST 2 : Residing in Northern Ireland If you are having difficulty providing any of the items listed, please speak to Medical Registrations BSO 0300 555 0113 | TICK ✓ |
| Current NI Driving Licence (photo card and counterpart) with Northern Ireland address | |
| Current Northern Ireland Rates Bill | |
| Current Northern Ireland Electoral Identity Card | |
| Current Home Insurance policy valid for Northern Ireland | |
| Signed, current Tenancy agreement (not handwritten) or mortgage statement for property of residency in Northern Ireland | |
| 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) for property of residency in Northern Ireland | |
| Housing Benefit award letter for a property in Northern Ireland | |
| LIST 3 : Reason for being in Northern Ireland If you are having difficulty providing any of the items listed, please speak to Medical Registrations BSO 0300 555 0113 | TICK ✓ |
| A letter or document confirming receipt of a UK/NI State pension or Benefit paid into an NI Bank Account | |
| A letter or document from Department of Communities confirming receipt of Social Security Benefit | |
| Recent payslip from current employer (showing employer's address and employee's National Insurance Number) | |
| Letter from HMRC with your Unique Tax Reference / Self Assessment Return showing NI Address | |
| S1 Form (not issued in UK) or letter from DSP confirming receipt of State Pension (ROI only) | |
| HMRC Tax Credit Award | |
| | |