

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 0113, who will discuss what alternative documents would be acceptable.**

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

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	
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 for 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	

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 1.13.

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

- Persons transferring from one Northern Ireland or GB Practice to another Practice within Northern Ireland should complete form HS200/2017.
- 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.

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|---|---|
| 5. Lawful Residence for 12 months; | 15. War pensioners and armed forces compensation scheme payment recipients; |
| 6. Presence for work, study or to settle; | 16. HM UK Forces/ Crown Servants and others; |
| 8. Reciprocal Agreements; | 17. Former Residents working overseas; |
| 9. Refugees, Asylum Seekers and children in care; | 18. Missionaries for organisation established in UK; |
| 10. Victims of Human Trafficking; | 19. Prisoners and detainees; |
| 11. Exceptional Humanitarian Reasons; | 20. Employees on UK Registered Ships; |
| 12. Diplomats; | 22. Family members of visitors. |
| 13. NATO Forces; | |
| 14. Long term Visits by UK Pensioners; | |

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:

<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

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:
Date:

SECTION 8 : 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, or call 08456060400.

Patient's signature:
Date:

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.

SECTION 2 : Please complete this section if you are a visitor to Northern Ireland

2.1 From which country have you travelled to Northern Ireland?

 Go to 2.2

2.2 What date did you arrive in Northern Ireland?

 Go to 2.3

2.3 What date do you intend to leave Northern Ireland?

 Go to 2.4

2.4 What is the purpose of your visit e.g. Holiday/ Visiting family/ Study/ Work etc.?

 Go to 2.5

2.5 Please provide details of any exemption you meet under the Provision of Health Services to Persons Not Ordinarily Resident Regulations (Northern Ireland) 2015, if applicable.

Please Note:

You must provide documentary proof of your claim for exemption as requested by Practice Staff.

Unless you are seeking asylum go to 2.6

If seeking asylum you must provide your Application Registration Card (ARC) and IS.96 letter from the Home Office confirming your address in Northern Ireland.

Go to Section 5

2.6 Do you normally reside in England, Scotland or Wales?

 Yes

You must provide proof of your residency in England, Scotland or Wales to the Practice.

GP Details in England, Scotland, Wales:

Go to Section 5

 No

Go to 2.7

2.7 Please state country of residence:

 Go to 2.8

2.8 Please provide your Passport or EEA Identity card details, as applicable:

Country of Issue

Passport Number/ ID Card Number

Issue Date

Expiry Date

 Go to 2.9

You must provide the **original** document to Practice staff.

2.9 Do you hold a European Health Insurance Card (EHIC)?

 Yes Please provide details:

Country of Issue

EHIC No

Valid from

Valid to

You must provide the **original** document to Practice staff.

Go to Section 5

 No

Go to 2.10

2.10 Do you hold a Visa issued by the UK Home Office?

 Yes Please provide details:

Type:

Visa No

Valid from:

Valid to:

 Go to 2.11

You must provide the **original** document to Practice staff.

 No

Go to Section 5

2.11 Do you hold a Biometric Residence Permit issued by the UK Home Office?

 Yes Please provide details:

Unique Number:

Issue Date

Expiry Date

Go to Section 5

You must provide the **original** document to Practice staff.

 No

Go to Section 5

SECTION 3 : Please complete this section if you are taking up residency in Northern Ireland.

You can only register as ordinarily resident in Northern Ireland if you are not subject to UK immigration control.

Please Note: You are required to provide at least one document from each list on page 8.

3.1 Where have you resided in the past 12 months? If England, Scotland or Wales, please provide full postal address.

Postcode

 Go to 3.2

3.2 From which country have you travelled to Northern Ireland?

 Go to 3.3

3.3 What was your most recent date of entry to Northern Ireland?

 Go to 3.4

3.4 What is your reason for being in Northern Ireland?

 Retirement Go to 3.5 Join a family member Go to 3.5 Take up employment Go to 3.5 Seek employment Go to 3.5 Other Please provide details: Go to 3.5

3.5 Are you in receipt of an EEA pension?

 Yes Go to Section 5

Please Note: If you are in receipt of an EEA pension from a country other than the UK or Rol you are required to provide to the practice your S1 form, issued by your former country of residence.

For patients from Rol you must provide a letter from the Department of Social Protection (DSP) confirming you have informed them that you are residing in Northern Ireland.

 No Go to 3.6

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

 No Go to Section 5 Yes

The person I am dependent on is:

 Employed Self-employed A pensioner Other Please provide details:

Please provide the name of this person:

Please provide this person's Date of Birth:

Please state your relationship to this person:

Please supply documentary proof of relationship i.e. Marriage Certificate.

Please provide this person's Health and Care Number (HCN) if they have one:

In addition to your own documents from list 1 and list 2 you must also provide one document from list 1, list 2 and list 3 on Page 8 in the above person's name.

Go to Section 5