

# APPLICATION TO REGISTER PERMANENTLY WITH BYDAND MEDICAL GROUP

## PERSONAL DETAILS – PLEASE COMPLETE ALL FIELDS (\* are mandatory)

Male: Y / N	Female: Y / N	Is this your 1 <sup>st</sup> Registration with GP in UK: Y / N
Will you be in the area for more than 3 months: Y / N (if no ask for T/R form)		

Title:	Forename:	Surname:
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Date of Birth: (dd/mm/Year)	Previous Surname:
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Address & Postcode:
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Telephone Number:	Mobile Number:
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Email:
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### The following information can be found on your birth certificate:

Town of Birth*:	Registered district of birth:
Country of Birth*:	Mothers Maiden Name:

### Help us to trace your previous GP Health Records by providing the following information:

Address & Postcode in the UK where you were last registered:	Name, address & Postcode of previous GP in UK:
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### If you are from Abroad:

Date you first came to live in UK*:	If previous resident in UK date of leaving*:
Your Most recent Country of residence*:	

### If you have served in the British Armed forces:

Service Number:	Enlistment Date*:
Are you a reservist*: YES / NO	If yes, please provide your <u>address &amp; postcode</u> before enlisting*:
Is this your first registration with a GP since leaving the armed forces*: YES / NO	

### VOLUNTARY CONSENT TO ORGAN DONATION:

I would like to join the NHS Organ Donor register as someone whose organs may be used for transplantation after my death. Please tick the boxes that apply. Your consent to organ donation will be shared with NHS Blood and Transplant together with the information you have provided in section 1 including your name, gender, date of birth, address and CHI number. For more information on being an organ donor or privacy, please ask for the leaflet on joining the NHS organ donation register or visit [www.organdonation.nhs.uk](http://www.organdonation.nhs.uk)

Any of my Organs and Tissue:  or my  
Kidneys  Eyes  Heart  Lungs  liver  Pancreas  small bowel  Tissue

Patient Signature\*: ..... Date: .....

**How We Use Your Information**

The information you have provided will be used by the GP Practice 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 cards, medical exemption certificates and entitlement cards.

NHS National Services Scotland shares information about within NHS Scotland to assist in the provision and improvement of NHS services and the health of the public. When we do this, we make sure that the information which identifies you as a person and your health information are separated or anonymised. Health condition and treatment information which could identify you will not be used for research purposes by the NHS unless you have consented to this.

For more information on how NHS National Services Scotland uses your personal information visit [www.nhsnss.org](http://www.nhsnss.org). If you have any queries or concerns about how your personal information is used by the NHS please ask for the leaflet 'confidentiality – its your right', visit the Health Rights Information website at [www.hris.org.uk](http://www.hris.org.uk) or ask your GP surgery.

NHS National Services Scotland is the common name of the Common Services Agency for the Scottish Health Service.

**Patient Declaration**

I declare the information I have given on this form is correct and complete. I understand that, if it is not, appropriate action may be taken.

The enable NHS National Services Scotland to confirm my eligibility to lawfully register with a GP and for the purposes of preventions, detection and investigation of crime, relevant information from this form will be disclosed to the NHS Business Services Authority, NHS National Services Scotland, the Home Office, Identity and Passport Service, HM Revenue and Custom, the General Register Office and Local Authorities.

Patient/Patients representative Signature: ..... Date: .....

Representatives Name (If applicable):

Relationship to patient (If applicable):

**Identification seen**

Birth  Student  Driving  Passport  Other   
Cert  ID Card  Licence  HC2 Cert

I accept this patient onto the Practice list and declare that, to the best of 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: .....

**Official Use Only**

Input By:

Checked by:

Date:

Practice Stamp