

(Attach patient ID here)

**Swan Surgery**  
Swan Street  
Petersfield Hampshire GU32 3AB  
Tel DDI: 01730 264011, Fax: 01730 231093

## Confidential Patient Registration Form

As a new registration to this Practice, we are legally obliged by Government Regulations to assess your eligibility to receive free NHS treatment. Entitlement is based on residency, irrespective of nationality, citizenship or any previous payment of NICs or taxes.

Please complete this form to the best of your ability, and telephone the Surgery on 01730-264546 in order to make an appointment to bring your passport and any accompanying supporting documentation relating to your entitlement to NHS Primary Care Services. Please note that until your status has been determined, you will remain liable for charges for all NHS treatment (no charges apply to any treatment received within the Accident & Emergency Dept only). This registration is for free access to Primary Care NHS Services only, it does not follow that qualification for free Primary Care automatically qualifies you to free hospital care.

Personal Details:	
Surname: .....	Forename: .....
Permanent Home Address:..... .....	DOB: .....
Postcode: .....	Tel Number: Home: .....
Nationality: .....	Mobile:.....
	Work:.....

Part 1 Residency:
Where have you been living for the past 12 months? ..... <small>Give full postal address if difference from the above</small>
What date did you arrive in the UK? .....
Which country did you come from? .....
What is your overseas address? ..... <small>(if applicable)</small>
Approx how many months have you spent <b>OUTSIDE</b> the UK in the last year? .....

Part 2
What is the purpose of your stay in the UK? (Please give details i.e. Names and addresses)
Work: ..... <small>State Name and Address of Employer</small> <span style="float: right;"><small>Copy of Work permit/visa /payslips</small></span>
Study: ..... <small>State Name &amp; Address of Educational Facility</small> <span style="float: right;"><small>Copy of Student visa and letter from college/university</small></span>

Visiting: .....  
State UK Address ..... Copy of UK entry Clearance Visa if you are from outside the EEA

Please continue over the page

Taking up permanent residency: .....  
State Reason: ..... Copy of rental/tenancy agreement, utility bills, bank statement, council tax etc

As a refugee or asylum seeker: .....  
Copy of IND/ARC/Home Officer papers

Other: (Please give details).....  
.....

On what date will you be leaving the UK? .....  
(If applicable)

**Documentation relating to legal Right of Entry to the UK:**

Please indicate which of the following you are currently in possession of:

- A current UK or European Union Passport
- Current Non EU Passport with valid UK entry Clearance Visa
- ARC – Asylum Registration Card
- United Kingdom Home Office Papers
- IND – Immigration National Directorate Card
- Work Permit
- Worker Registration Scheme Certificate
- Student Visa
- Working/Holiday Visa
- Other – (state type of documentation)

**GP Details:**

Name of GP: .....	Telephone No: .....
Address: ..... .....	Your NHS No: ..... (If known)

**Declaration:**

I have read and understand the reasons I have been asked to complete this form and agree that the relevant official bodies may be contacted to verify any statement I have made. The information given is correct and I understand that if I have knowingly given false information, then action will be taken against me: this may result in referring the matter to the Hampshire Primary Care Team Fraud Specialist, Police, Border Agency or the Home Office. Any costs incurred will be passed to a Debit Collecting Agency for the recovery of monies due to the Practice or the NHS. The Practice or the Primary Care Trust may use this information to validate with the above named parties.

Signed by: ..... Date: .....

or on behalf of: .....  
(child under the age of 16 years)

**NOTE:**

**FAILURE TO COMPLETE AND RETURN THIS FORM AND MAKE AN APPOINTMENT TO BRING IN YOUR PASSPORT/ID CARD MAY RESULT IN REGISTRATION FAILURE WHICH WILL RESTRICT YOUR ACCESS TO ROUTINE FREE HEALTHCARE. YOU MAY ALSO BE SENT AN INVOICE FOR ANY TREATMENT ALREADY RECEIVED. IF YOU REQUIRE FURTHER INFORMATION ON HOSPITAL CHARGING REGULATIONS, VISIT THE DEPARTMENT OF HEALTH WEBSITE AT [www.dh.gov.uk/overseasvisitors](http://www.dh.gov.uk/overseasvisitors)**