



### Registration Form

You can also apply for a Carers GP Visit Card on [www.mymedicalcard.ie](http://www.mymedicalcard.ie)

Please read 'Help and information' on page 4 before completing this form.

Complete all four parts of this form.  
Please complete in CAPITAL letters  
and place a tick (✓) where appropriate  
in the single boxes provided.

**FOR OFFICIAL USE ONLY**

Reference number:

Date received:

### Part 1A Applicant details

First name:	<input type="text"/>	Gender:	PPS number:																									
Surname	<input type="text"/>	(Please tick)	For example:																									
Date of birth:	<p>For example:</p> <table border="1"> <tr><td>0</td><td>5</td><td>1</td><td>1</td><td>1</td><td>9</td><td>7</td><td>0</td></tr> <tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> </table>	0	5	1	1	1	9	7	0	D	D	M	M	Y	Y	Y	Y	<input type="checkbox"/> M <input type="checkbox"/> F	<table border="1"> <tr><td>2</td><td>2</td><td>2</td><td>1</td><td>1</td><td>1</td><td>1</td><td>A</td><td>W</td></tr> </table>	2	2	2	1	1	1	1	A	W
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D	D	M	M	Y	Y	Y	Y																					
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### Part 1B Contact details

Address	Mobile
<input type="text"/>	<input type="text"/> - <input type="text"/>
	Please tick this box to accept SMS (text message) from the HSE. You will receive updates on the progress of your application. <input type="checkbox"/>
	Home telephone: <input type="text"/>
Email address:	
<input type="text"/>	

## Part 2 GP of choice

**Please ask your family doctor (GP) of choice to complete this section of the form.**

You can find a list of GPs at [www.medicalcard.ie](http://www.medicalcard.ie) or phone LoCall 0818 224 478.

GP name:


GMS number:

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Practice address:


**I agree to provide medical services to the person named on this registration form.**

Signature of GP:

GMS stamp here:

## Part 3 Data Protection and Freedom of Information

We will treat all personal information and data you give us as part of this registration as confidential and store it securely.

When we receive the completed registration form, we will make a computer record for the named applicant. This record will contain the relevant personal information you have given us.

We will use and keep this personal record, only to process your Carers GP Visit Card registration.

We will not share the personal information you have given us with any other person or organisation unless you (or someone authorised on your behalf) have given us consent to do this, or we are required to do so by law.

Our Privacy Statement explains how we use your information you give us as part of your registration form. Full details of this Privacy Statement can be found on [www.medicalcard.ie](http://www.medicalcard.ie) or by calling Lo Call 0818 224 478.

## Part 4 Declaration and Consent

**Before signing this form, please take time to read and consider the following important information.**

The HSE has the right, at any time, to change its decision on whether or not you are eligible for a GP Visit Card. We might do this, for example, if your residency status changes or if you are no longer receiving a Carers Allowance/Benefit payment.

By law, anyone who deliberately gives false information on this form, or who deliberately withholds information relevant to an assessment of eligibility for a Carers GP Visit Card could face a fine, imprisonment or both.

Also, by law, anyone who does not tell the HSE about a change in their circumstances that could affect their eligibility for a Carers GP Visit Card could face a fine.

**Please read the following statements. If you agree with them, sign the form below and fill in date.**

### Declaration

I declare that the information that I have given as part of this registration is correct to the best of my knowledge.

I will inform the HSE immediately of any change that may affect my eligibility for a GP Visit Card.

I accept that the HSE, when assessing whether I am eligible, may contact other government departments including the Department of Employment Affairs and Social Protection, the Revenue Commissioners and the Department of Justice to confirm the information that I have given.

Please sign here: \_\_\_\_\_

Date:

D	D	M	M	Y	Y	Y	Y
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## Help and information

### Who should complete this registration form?

Anybody who is getting a full or partial Carers Allowance Payment or Carers Benefit Payment.

### What details do I need to complete this form?

Please make sure that you complete parts 1 and 4 and that part 2 'GP of choice' is completed by your GP.

- 1a. Applicant name
- 1b. Your contact details
2. GP of choice
4. Declaration

(Section 3 is just to read.)

### Send this completed form to:

National Medical Card Unit, PO Box 11745, Dublin 11, D11 XKF3.

### I already have Medical Card or GP Visit Card. Do I need to fill in this form?

No. This registration form is for persons who are receiving a Carers Allowance payment but do not currently hold a Medical Card or GP Visit Card. If you have either of these cards you do not need to complete this registration.

## Checklist

Have you completed your details, including your contact details?

Have you chosen a GP of choice and has the GP filled in and stamped Part 2?

Have you read the declaration and signed and dated it?

If you have any questions before you send this form, please phone LoCall at 0818 224 478.

### Please send your completed form to:

National Medical Card Unit  
PO Box 11745  
Dublin 11  
D11 XKF3

