

## SCHEDULE 2

### Regulations

#### FORM OF APPLICATION GIBRALTAR HEALTH AUTHORITY MEDICAL (GROUP PRACTICE) SCHEME

#### Application for Registration

Please fill in the following details:

Surname: \_\_\_\_\_

First Name: \_\_\_\_\_ Initial(s): \_\_\_\_\_

Address: \_\_\_\_\_

Nationality: \_\_\_\_\_

Tel. No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

No. of dependants: \_\_\_\_\_ I.D. No. \_\_\_\_\_

Doctor: \_\_\_\_\_ Blood Group: \_\_\_\_\_

Are you diabetic? Yes/No

Are you a blood donor? Yes/No

I \_\_\_\_\_ of \_\_\_\_\_  
hereby declare that the above particulars are true to the best of my knowledge and belief. I acknowledge that it is an offence wilfully to make any false statement or any material misrepresentation in this application, with the intention of obtaining or attempting to obtain any benefit to which I or any of my dependants are not entitled.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

Please complete a form in respect of each of the dependants for whom an application for registration is being made.

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Gibraltar Health Authority  
Medical (Group Practice) Scheme

Application for first time applicants

SECTION A

Religion (Optional)

Ethnicity

Marital status (Please tick appropriate box)

Single

Married

Civil Partner

Divorced

Widow

Cohabitee

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SECTION B (To be filled in by Pensioners, Unemployed, Retired or District Medical Services)

My income per month is as follows

DETAILS PER MONTH	SELF	SPOUSE
INCOME FROM EMPLOYMENT IF ANY		
OCCUPATIONAL PENSION		
OLD AGE PENSION (O.A.P)		
HOUSE COST ALLOWANCE (COMMUNITY CARE)		
MINIMUM INCOME GUARANTEE (M.I.G)		
DISABILITY ALLOWANCE		
DISABLEMENT BENEFITS		
MAINTENANCE ALLOWANCE		
DISTRICT MEDICAL SERVICES		
ANY OTHER INCOME		
TOTAL INCOME =		

SECTION C (To be filled in by all applicants)

NEXT OF KIN

Surname

First and middle names

Address

Post Code

Contact Details

Home

Mobile

Relation (Please tick appropriate box)

Spouse  Child  Civil Partner  Relative  Carer  Foster Parent

Parent  Sibling  Social Services

Other (Please Specify)

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SECTION D (To be filled in by all Applicants)

Please tick appropriate boxes (Select one of the Gp's from your chosen area. If applying for the first time you may wish to discuss this with the registration officer for further information)

Blue Area  Yellow Area  Green Area

Dr Flores  Dr Perez  Dr Chichon

Dr Jones  Dr Galloway  Dr Penrice

Dr Montero  Dr Mena  Dr Ferrera

Dr Negrette  Dr Cortes  Dr Higgins

Dr Thoppil  Dr Gupta  Dr Poyatos

Dr Falero  Dr Rawal  Dr Pinto

Dr Robles  Dr Martyn  Dr Pincho

Dr Manasco

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Collected by: \_\_\_\_\_

Issued by: \_\_\_\_\_