Gibraltar Health Authority
Medical (Group Practice) Scheme

Application for Renewal

SECTION A (*To be filled in by all applicants*)

REG NO. (*Gib Health Card No.*)

Identification Number (I/D)

Surname

First and middle names

Date Of Birth

Address

Post Code

Contact Details Home Work

Mobile

Email Address

Religion (Optional)

Ethnicity (Optional)

Gender (*Please tick appropriate box*) Male ☐ Female ☐

Nationality

Marital status (Please tick appropriate box)

Single ☐ Married ☐ Civil Partner ☐ Divorced ☐ Widowed ☐ Cohabitees ☐

SECTION A2 *(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 B

NEXT OF KIN *(To be filled in by all applicants)*

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)*

SECTION C *(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	☐				

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 dependants are not entitled.

Signature: Date: