**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 No. Work No.

 Mobile No.

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

Please complete if you are in receipt of a state pension (Please tick appropriate box).

Gib Pensioner Gib and UK Pensioner UK Pensioner Other (please specify)

**SECTION A2** (To be filled in by individuals applying on the grounds of low income).

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

**SECTION C**

DECLARATION:

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:

**Kindly note that if you are submitting your application electronically, you should receive an automatic reply, confirming receipt. If for any reason you do not receive an automatic reply, please contact us on 20007860.**

Data Protection – How we use your information.

We treat all the information you give us about you and others as private and confidential. We respect your right to privacy and understand the importance of protecting the personal information we hold. See our privacy notice for full details.