PLEASE QUOTE THIS REFERENCE NUMBER IN ANY COMMUNICATION YOU HAVE WITH THE BSO

Verification of your entitlement to be registered for Health and Social Care Services in Northern Ireland

WHY HAVE I BEEN SENT THIS FORM TO COMPLETE

Health and Social Care Services are primarily for the benefit of people who are 'ordinarily resident' in Northern Ireland or eligible visitors who satisfy an exemption under the Provision of Health and Social Services to Persons Not Ordinarily Resident Regulations (Northern Ireland) 2015.

The Business Services Organisation manages the list of patients who are registered with a GP in Northern Ireland and are required to ensure that the information held is up to date, correct and those on the list are entitled to access publicly funded health care in Northern Ireland.

In order not to delay the registration process with a GP in Northern Ireland, the Business Services Organisation (BSO) operates a post registration verification process to establish a patient's entitlement. This means that for most people, when they register with a GP they are only required to provide their proof of lawfulness in the UK. The BSO subsequently undertake a verification check using the details you have provided, which means for most patients they are not required to provide any additional documents and we do not need to contact them.

When we have been unable to verify the details we hold using this process, it is necessary for us to write to you requesting that you provide us with your circumstances and supporting documents.

HSC Business Services Organisation

PROVIDING SUPPORTING DOCUMENTATION

You are required to provide copies of supporting documentation, as listed in the enclosed booklet, along with your completed questionnaire.

WHAT DO I NEED TO DO NOW

Northern Ireland is my place of Permanent Residence

Complete the form, answering all the questions and sign the declaration. You need then to refer to page Supporting Documents Booklet and read the list of documents. This is a list of the most commonly used documents which we accept for people who are resident in Northern Ireland. If you do not have any of these documents, please contact us to discuss your circumstances and what documents you have which may be acceptable.

I am no longer Resident in NI

If you are no longer residing in Northern Ireland, please go straight to Section 4 and sign the declaration. We will update your records and advise your GP.

I am a Frontier Worker

If you are a Frontier Worker, i.e. someone who works in Northern Ireland and resides outside the UK, travelling daily between your place of work in NI and your place of residence and wish to be registered with a GP. You should contact us immediately, using the contact details on the our letter, to request an application form to register as a Frontier Worker.

I am a Visitor in Northern Ireland

If you are a Visitor in Northern Ireland and my place of permanent residence is elsewhere.
If you have paid the Immigration Health Surcharge to the Home Office, please provide your Biometric Residence Permit

If you do not reside permanently in NI, you are only entitled to access Publically Funded Health Care here during your visit, if you satisfy an exemption under the Provision of Health and Social Services to Persons Not Ordinarily Resident Regulations (Northern Ireland) 2015. This applies even if you were born here and/or previously lived or worked here and/or paid taxes and national insurance contributions and/or hold a British Passport.

You should complete this form including the exemption you wish to benefit under, sign and return the questionnaire along with your supporting documentation as indicated in the Supporting Documents Booklet. Alternatively you may wish to contact us and we can advise what is required in order that you can supply these with your questionnaire.

Verification of your entitlement to be registered for Health and Social Care Services in Northern Ireland

Please be aware you are required to provide additional documentation to support the information you provide on this form.

- **You must complete fully complete this form and provide supporting documentation from Sections 1 and 2 or 3 of the Supporting Documents Booklet**
- **If you are not ordinarily resident or an eligible visitor in Northern Ireland please complete Section 4 only.**

SECTION 1 :

1.1 Title

☐ Mr ☐ Mrs ☐ Miss ☐ Ms

Other please specify

1.2 Surname

1.3 Previous Surname

1.4 Forename(s) (in full)

1.5 If known by any other name, please provide

1.6 Date of Birth

/ /

1.7 Current address

House name/number and street

City/Town

Postcode

1.8 Name and address of current doctor in Northern Ireland.

Name of Doctor

Address

Postcode

1.9 Do you give the BSO permission to contact you by telephone?

☐ Yes

☐ No

1.10 Daytime phone number

1.11 Mobile phone number (inc. country code)

1.12 Gender

☐ Male

☐ Female

☐ Prefer not to say

1.13 Country of Birth

1.14 Nationality

Please state all Nationalities held in the box below.

SECTION 2 :

Please complete all questions that apply to you.

2.1 Have you been continually resident in Northern Ireland since birth?

☐ Yes ☐ No

2.2 Are you a visitor to Northern Ireland?

☐ Yes ☐ No

2.3 Do you hold a current medical card issued in the United Kingdom?

☐ Yes medical card number

☐ No

2.4 Where have you resided in the last 12 months?

☐ Northern Ireland
☐ Great Britain
☐ Channel Islands
☐ Other please specify

2.5 How much time have you spent out side Northern Ireland within the last 12 months?

☐ None **If None, go to Question 2.9**
☐ Less than 3 months
☐ Over 3 months

2.6 If you have spent time outside Northern Ireland in the last 12 months, please indicate the reason for this absence.

☐ A holiday or to visit friends or relatives
☐ Frequently commute e.g. business
☐ Live in another country
☐ Work in another country
☐ Other please specify

2.7 From which country have you travelled to Northern Ireland?

2.8 What was your most recent date of entry to Northern Ireland?

/ /

2.9 Do you intend to leave Northern Ireland?

☐ Yes **Please state the date you intend to leave**

/ /

☐ No **If No, go to Question 2.11**

2.10 How long do you intend to stay in Northern Ireland?

☐ Less than 3
☐ 3 - 6 months
☐ 6 - 12 months
☐ Over 12 months

2.11 What is your reason for being in Northern Ireland?

☐ Permanent Resident/taking up permanent residency (you must have indefinite leave to remain in the UK)

OR

Staying in NI to

☐ To work
☐ To Study
☐ A holiday or to visit friends or relatives
☐ To join a family member
☐ Other please specify

Visitors are required to satisfy an exemption under the visitor regulations which can be found using this link

https://bso.hscni.net/directorates/operations/family-practitioner-services/access-to-health-and-social-care-team/regulations/

Please state which exemption you wish to benefit under _____

2.12 Do you have a National Insurance number issued in the United Kingdom?

☐ Yes **Please state your National Insurance no.**

☐☐☐☐☐☐☐☐☐

☐ No

2.13 Do you pay National Insurance contributions in the United Kingdom?

☐ Yes
☐ No

2.14 Are you employed or self employed?

☐ Employed

☐ Self Employed

Please state the country in which you undertake your employment/ self employment.

Please provide details of your employer/ business.

Name

Address where you undertake your employment

Postcode

Please provide the date when this employment/ self employment commenced.

/ /

☐ No

If you work outside of the United Kingdom please enclose proof from HMRC that you have declared your foreign income to them

2.15 Are you registered with HMRC or Department for Communities in Northern Ireland and in receipt of a state benefit, entitlement or Award?

☐ Yes

Name of benefit, entitlement or Award.

Date of commencement.

/ /

☐ No

2.16 Are you in receipt of a Private or an EEA state pension?

☐ Yes

Please state which country or Provider pays your pension

Please note, if your state pension is not paid by the UK you must submit your S1 form along with the supporting documentation listed in the Supporting Documents Booklet

☐ No

2.17 Are you attending a University, College or School in Northern Ireland to undertake a course of study?

☐ Yes

Please provide details.

Name of university / college / school

Telephone number

Date course started

/ /

Date course ends

/ /

☐ No

2.18 Do you reside in NI with someone who you are financially dependent on?

☐ Yes, the person I am dependent on is:

- ☐ Worker/Self Employed
- ☐ Pensioner
- ☐ Student
- ☐ Other Please Specify

Please state your relationship to this person

Please provide the details of this person

Name

Please provide this person's Date of Birth

/ /

Please provide this person's Health and Care Number

☐ No

Please note, item from List 2 in the Supporting Documentation Booklet can be in the above persons name, along with supporting documentation showing the relationship with this person, for example a long Birth Certificate, Marriage or Civil Partnership certificate.

SECTION 3 : CLAIMING TO BE ORDINARILY RESIDENT OR AN ELIGIBLE VISITOR

If you are claiming to access Health and Social Care Services in Northern Ireland on the basis of being Ordinarily Resident or an Eligible Visitor please read and sign the declaration below.

Declaration

I wish to access Primary Care Health Services in Northern Ireland on the basis that I am 'ordinarily resident' or an 'eligible visitor' in Northern Ireland and I declare that the information I have given is correct and complete. I understand that if it is not, appropriate actions may be taken against me, including cancelling my GP registration and the recovery of charges.

I consent to the sharing of my information to and by the Business Services Organisation, with other bodies including HSC organisations, Fraud Prevention Agencies and Government Bodies such as the Department for Communities, Department of Work and Pensions, Her Majesty's Revenue and Customs, the Home Office, the Northern Ireland Audit Office, the Health Service Executive and the Department of Social Protection in the Republic of Ireland, for the following purposes: to check the accuracy of the information provided; prevent or detect crime; protect public funds.

I understand that the BSO do not accept responsibility for the loss or return of original or copy documents.

I understand that by not providing consent for the sharing of my information, I may not be able to continue my registration with a GP practice in Northern Ireland, which may also affect my ability to access Health Services in Northern Ireland.

Signature:

Print Name:

Date: / /

☐ I am signing this application on behalf of the person named in Section 1.

☐ I have provided my details in Section 2 and signed the form as the parent/guardian of the person named in Section 1.

Signature:

Print name:

Relationship to the patient:

Address:

SECTION 4 : NOT ORDINARILY RESIDENT OR AN ELIGIBLE VISITOR IN NORTHERN IRELAND

If you are not Ordinarily Resident or an Eligible Visitor please read and sign the declaration below.

Declaration

I am no longer ordinarily resident or an eligible visitor in Northern Ireland with effect from : / /

Signature:

Print Name:

Date : / /

CHECKLIST

Have you answered all questions as directed in the form?	☐
Have you signed and dated the relevant declaration?	☐
Have you enclosed all relevant supporting documentation?	☐
List 1	☐
List 2	☐
List 3	☐

WHAT YOU MUST NOW DO

Return your completed form in the envelope provided along with all relevant copies of supporting documentation.

HOW WE USE YOUR INFORMATION

The Business Services Organisation is a Data Controller under The General Data Protection Regulation (GDPR) and the Data Protection Act 2018. We hold information for the purposes specified in our notification to the Information Commissioner, including the assessment of patient charges. We may get information about you from others, or we may give information to them. If we do, it will only be as the law permits to:

- *Check the accuracy of the information you have provided on your claim*
- *Prevent or detect crime*
- *Protect public funds*

FURTHER INFORMATION

If you require assistance or have any queries please contact:

Verification Officer
Access to Healthcare Team
Tel : 028 9536 3845
Email : accesstohealthcare@hscni.net

PLEASE ONLY SEND COPIES OF DOCUMENTS

The BSO do not accept responsibility for the loss or return of original or copy documents

If you require this document in an alternative format such as large print, braille or in a minority language (to meet the needs of those not fluent in English) please contact the BSO Verification Officer on 028 9536 3845.

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