



GP Visit Card

Under 6s

Registration Form

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 Parent's or guardian's details (one parent or guardian only)

First name:	Surname:	Date of birth: <small>(dd/mm/yyyy)</small> For example: 05111970	Gender: <small>(Please tick)</small>	PPS number: For example: 2221111AW
		0 5 1 1 1 9 7 0 D D M M Y Y Y Y	<input type="checkbox"/> M <input type="checkbox"/> F	2 2 2 1 1 1 1 A W

Part 1B Contact details

Address:

Mobile phone:

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Please tick this box to accept SMS (text message) from the HSE. You will receive updates on the progress of your application.

Home telephone:

Email address:

Part 1C Residency

Does your child (or children) live, or intend to live, in the Republic of Ireland for at least one year? Yes No

Part 2 Your child's or children's details

First name:	Surname:	Date of birth: (dd/mm/yyyy) For example: 05112014	Gender: (Please tick)	PPS number: For example: 1112222CW
		0 5 1 1 2 0 1 4		1 1 1 2 2 2 2 C W
		D D M M Y Y Y Y	<input type="checkbox"/> M <input type="checkbox"/> F	
		D D M M Y Y Y Y	<input type="checkbox"/> M <input type="checkbox"/> F	
		D D M M Y Y Y Y	<input type="checkbox"/> M <input type="checkbox"/> F	
		D D M M Y Y Y Y	<input type="checkbox"/> M <input type="checkbox"/> F	
		D D M M Y Y Y Y	<input type="checkbox"/> M <input type="checkbox"/> F	
		D D M M Y Y Y Y	<input type="checkbox"/> M <input type="checkbox"/> F	

Part 3 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 taking part in the scheme at www.gpvisitcard.ie or phone LoCall 1890 252 919. If your child (or children) attend separate GPs, you will need to complete a separate registration form for each child and then get each GP to sign the relevant form.

<p>GP name: <table border="1" style="display: inline-table; border-collapse: collapse; width: 100%; height: 20px;"></table></p> <p>GMS number: <table border="1" style="display: inline-table; border-collapse: collapse; width: 100%; height: 20px;"></table></p>	<p>Practice address: <table border="1" style="display: inline-table; border-collapse: collapse; width: 100%; height: 80px;"></table></p>
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I agree to provide medical services to the child (or children) named on this registration form.

Signature of GP:	GMS Stamp here:
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Part 4A Data Protection (Please note this section is optional)

I consent that my child's or children's health information (gathered through checks such as asthma checks and wellness checks) will be shared by the GP with the HSE for research and planning purposes.

Please tick to consent.

Part 4B Declaration and consent

The HSE has the right to review and change your child's (or children's) GP Visit Card eligibility at any time, for example if your child's (or children's) residency status changes.

Declaration and consent

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

I apply for a GP Visit Card for my child (or children) under 6 years.

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

I agree to tell the HSE immediately of any change that may affect my child's (or children's) eligibility for GP Visit Card - Under 6s.

I accept that the HSE, when assessing eligibility, may contact other Government Departments including the Department of Social Protection, the Revenue Commissioners and the Department of Justice to confirm the information that I have given.

I confirm that I am the parent or guardian of the child (or children) listed above.

Please sign here: _____

Date:

D	D	M	M	Y	Y	Y	Y
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Help and information

Who can apply for a GP Visit Card for Children under 6 years?

The parents or guardians of children under 6 years who live or intend to live in the Republic of Ireland for at least one year can apply to register their child (or children) under 6 years for a GP Visit Card - Under 6s.

What details are needed to complete this form?

Complete **all four parts** of this form.

1. Parent's or Guardian's details (one parent or guardian only)
2. Your child's (or children's) details
3. GP of choice
4. Declaration and consent
(Note: Section 4A is optional.)

Send this completed form to:

National Medical Card Unit, GP Visit Card - Under 6s, PO Box 12629, Dublin 11.

What happens if my children attend separate GPs?

If your child (or children) attend separate GPs, you will need to complete a separate registration form for each child and then get each GP to sign the form for that child.

My child (or children) already have a Medical Card or GP Visit Card. Do I need to fill in this form?

If your child (or children) already have a Medical Card or GP Visit Card, you do not need to complete this form as your child (or children) already receives free GP services.

My child (or children) are almost 6, should I still register them under this scheme?

Yes, please register all children under the age of 6 years. Your child will be included in this scheme until the end of the month of his or her sixth birthday.

I have applied for a Medical Card or GP Visit Card – should I also complete this form?

No. If you have already applied for a Medical Card or a GP Visit Card, we will assess your application for one of those cards. If your family qualifies for a Medical Card or GP Visit Card, each family member will receive a Medical Card/GP Visit Card. If your application for a Medical Card or GP Visit Card is unsuccessful, your child (or children) under the age of 6 years will automatically receive a GP Visit Card - Under 6s.

Checklist

- Have you completed your details, including your contact details?
- Have you completed your child's (or children's) details?
- Have you selected a GP of choice and has the GP filled in and stamped Part 3?
- Have you read the declaration and signed it?

If you have any questions before you send off this form, please phone LoCall at **1890 252 919**.

Please send your completed form to:

GP Visit Card - Under 6s
PO Box 12629
Dublin 11