



FOR OFFICIAL USE ONLY
 Reference Number:
 Date received:



Application Form Terminal Illness Consultant Certified (MC1t)

This application form (MC1t) is only to be used if an applicant is terminally ill and is to be certified by their treating consultant as having an estimated prognosis of less than 24 months. Please complete this form in CAPITAL letters and place a (√) where appropriate in single boxes provided. It may take up to 15 working days for completed applications to be processed but every effort will be made to process in advance of that time scale.

A Medical Card can be applied for without a means test if:

1. An applicant is terminally ill and is certified by their treating consultant as having a prognosis of less than 24 months. This form (MC1t) should be used in this circumstance.
2. An applicant is receiving end of life care and has a prognosis of less than 12 months. Form MC1e should be used in this circumstance.
3. An applicant requires urgent ongoing medical care and is not in a position to provide the documentation necessary to enable a full means test. Form MC1e should be used. **Please note in these circumstances a means test must still be completed within 6 months.**

Please note 2 and 3 are emergency applications and are processed within 24 – 48 hours of receipt.

Part 1: Application details

First name:	<input type="text"/>	Surname:	<input type="text"/>
PPS number	<input type="text"/>	Gender:	Male <input type="checkbox"/> Female <input type="checkbox"/>
Date of birth:	<input type="text"/>	Contact number:	<input type="text"/>
Address:	<input type="text"/>	Eircode:	<input type="text"/>
<input type="text"/>	<input type="text"/>		
<input type="text"/>	<input type="text"/>		
<input type="text"/>	<input type="text"/>		

Part 2: Certifying Consultant Details

Consultant name:	<input type="text"/>
Speciality:	<input type="text"/>
Hospital address:	<input type="text"/>
<input type="text"/>	Contact number:
<input type="text"/>	<input type="text"/>
<input type="text"/>	Email address:
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Part 5: Declaration and Consent by the Medical Card Applicant

Before completing this part of the form, please read the following important information carefully. It is about what it means when you give us information for your application. Sign below where shown if you agree with the information on this section – and add the date.

Declaration and consent

Please read these statements. If you agree with them, please complete and sign or mark the form below.

Statements:

- I declare that I am ordinarily resident in Ireland. “Ordinarily resident” means that you are living in Ireland and intend to live here for more than one year.
- I declare that the information given as part of this application is correct to the best of my knowledge.
- I agree that the HSE may share information with other Government Departments including the Department of Social Protection and Revenue.
- I agree that the Eligibility Unit may contact health professionals involved in my care if further information is needed to assist in the processing of this application.
- I agree to inform the Eligibility Unit of any change in my address or other personal data so that the HSE can keep my personal data accurate and up to date.

Sign
Here

Signature: 

Date:

D	D	M	M	Y	Y	Y	Y
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* Information for Treating Consultants on the Clinical Judgement Process for Certification of Prognosis:

It is acknowledged that prognostication is known to be difficult, imprecise and challenging. It is accepted that clinical judgement around a prognosis becomes more problematic the longer the time span requested for and a level of uncertainty will always remain.

Providing a certification as part of, and solely for this process, is accepted to be based on your best clinical judgement taking account of general and disease-specific prognostic factors.

Staff at the Eligibility Unit are available to answer questions in relation to this form and the application process from applicants and /or treating consultants.

Contact details are provided below.

What is required?

- Completed Medical Card Application - Terminal Illness MC1(t) Form
- Certification by Treating Consultant
- Signature of Applicant

Contact details:

Tel: 01-864 7186

Fax: 01-864 7192

Email: PCRS.ConsultantTI@hse.ie

Data Protection Notice

The HSE will treat all personal data you provide as part of this application as confidential and store it securely. When the HSE receives your completed application form and any supporting documents, it will make a computer record in your name(s). This record will contain the relevant personal information you have supplied.

This record will be used and retained by the HSE, for the purposes of processing your Medical Card application. The HSE may also use details you provided to contact you in relation to eligibility under the Scheme, and/or in relation to services received based on eligibility awarded. The HSE will not disclose (share) to other people or organisations the personal information you have given unless permission has been given by the person to whom the information relates or the HSE is required to do so by law.

The HSE's privacy statement is available to read at www.hse.ie.