





Faoi 8

Léigh 'Cabhair agus Eolas' ar lth. 4 led' thoil sula comhlánaíonn tú an fhoirm.

Comhlánaigh na ceithre chuid den fhoirm seo. Comhlánaigh le do thoil i LITREACHA agus cuir tic (✓) sna boscaí singil atá curtha ar fáil nuair is cuí.

D'úsáid
Uimhir thagartha:
Dáta Faighte:

Cuid 1A Sonraí an tuismitheora nó an chaomhnóra (tuismitheoir nó caomhnóir amháin)																				
Ainm:	Sloinne:	Dáta breitheh:				Inscne: (Cuir tic le do thoil)		Uimhir PSP:												
		Mar shampla:					,		Mar shampla:											
		0	5	1	1	1	9	7	0			1	1	1	1	1	1	1	Α	Α
		D	D	M	M	Υ	Υ	Υ	Υ	_F_	В									
Cuid 1B Sonraí teagmhála																				

Cuid 1B Sonraí teagmhála	
Éirchód:	Fón Póca:
Seoladh:	(D'fhéadfaí go seolfaí téacs chugat maidir le d'iarratas má chuirtear uimhir ar fáil)
	Fón lae:
Seoladh r-phoist:	

Cuid 1C Áit Chónaithe			
An bhfuil do pháiste (nó páistí ina gcónaí agus an bhfuil sé ar intinn acu cónaí i bPoblacht na hÉireann ar feadh bliane ar a laghad?	Tá	Níl	

Part 4 Data Protection and Freedom of Information 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 or your spouse/partner (if relevant) have supplied.

This record will be used and retained by the HSE for the purposes of processing your Medical/GP Visit Card application. The HSE may also use details you provided to contact you or your spouse/partner (if relevant) 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 at www.hse.ie.

Part 5 Declaration and consent

Before completing this part of the form, please read the following important information carefully. It explains what it means when you give us information for your application. Sign and date below if you agree with the information on this page.

By law, anyone who deliberately gives false information on this form, or who deliberately withholds information relevant to an assessment of eligibility for a GP Visit Card, could face a fine, imprisonment or both.

Also, by law, anyone who does not tell the HSE about a change in their circumstances that could affect their eligibility for a GP Visit Card could face a fine. Where appropriate, the HSE has the right to review and change GP Visit Card eligibility status at any time.

Declaration and consent

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

- I declare that we are ordinarily resident in Ireland. 'Ordinarily resident' means that you are living in Ireland and intend to live here for more than one year.
- I apply for a GP Visit Card for my child/children.
- I declare that the information given as part of this application is correct to the best of my/our knowledge.
- I agree that the HSE, when assessing eligibility, in the absence of supporting documentation, will contact other Government Departments including the Department of Employment Affairs and Social Protection and Revenue through real time systems to confirm information that should be supplied as supporting documentation.
- I agree to tell the HSE immediately of any changes that may affect my/our eligibility for health services.
- I agree to inform the HSE National Medical Card 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.

Please sign here:	Date:	D	D	M	M	Υ	Υ	Υ	Υ

Help and information

Who can apply for a GP Visit Card for children under 8 years?

The parents or guardians of children under 8 years (who live or intend to live in the Republic of Ireland for at least one year) can register their child/children under 8 years for a GP Visit Card.

What details are needed to complete this form?

Complete all parts of this form.

- 1. Parent's or guardian's details (one parent or guardian only)
- 3. GP of choice

- 2. Your child's (or children's) details
- 5. Declaration and consent

Send this completed form to:

National Medical Card Unit, Under 8s GP Visit Cards, PO Box 12629, Dublin 11. Did you know that instead of posting your application and supporting documentation, you can email this to us at PCRS.Applications@hse.ie

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 is almost 8. Should I still register them under this scheme?

Yes, please register all children under the age of 8 years. Your child will be included in this scheme until the end of the month of his or her eight birthday.

I have applied for a Medical Card or a 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 a GP Visit Card, each family member will receive a Medical Card/GP Visit Card. If your application for a Medical Card or a GP Visit Card is unsuccessful, your child (or children) under the age of 8 years will automatically receive an Under 8s GP Visit Card.

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 your send off this form, please phone 0818 22 44 78. Please send your completed form to: National Medical Card Unit Under 8s GP Visit Cards PO Box 12629 Dublin 11 or by email: PCRS.applications@HSE.ie