



# GP Visit Card

Under 8s

## 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:	Gender: (Please tick)	PPS number:
		For example:		For example:
		0 5 1 1 1 9 7 0		1 1 1 1 1 1 1 A A
		D D M M Y Y Y Y	<input type="checkbox"/> M <input type="checkbox"/> F	

## Part 1B Contact details

Eircode:	<input type="text"/>	Mobile phone:	<input type="text"/> - <input type="text"/>
Address:	<input type="text"/>	Please tick this box to accept SMS (text message) from the HSE. You may receive updates on the progress of your application. <input type="checkbox"/>	
	<input type="text"/>	Daytime phone:	<input type="text"/>
Email address:	<input type="text"/>		

## Part 1C Residency

Does your child (or children) live and 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:	Gender: (Please tick)	PPS number:
		For example:		For example:
		0 5 1 1 2 0 1 4		1 1 1 1 1 1 1 A A
		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.**

If your 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.

Important: You will need to have a GP accept your child/children as a patient/patients on to their panel to get a GP Visit Card. It can take time to find a GP who accepts new patients. If you cannot get your first choice of GP, try another GP in your area. You can find a list of GPs providing GP Visit Card services at [www.medicalcard.ie](http://www.medicalcard.ie) or call 0818 22 44 78.

GP name: <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																																											Practice address: <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																																																																																				
I agree to provide medical services to the child (or children) named on this registration form.																																																																																																																															
Signature of GP:	GMS Stamp here:																																																																																																																														

## 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](http://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	Y	Y	Y	Y
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**If you are not able to sign, your mark should be made below.** Place your mark here:

## 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)
2. Your child's (or children's) details
3. GP of choice
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](mailto: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 you 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](mailto:PCRS.applications@HSE.ie)**