



# UKR Medical Card Application Form

## Instructions for filling in this application form

- Step 1: Read the form and then start filling it in.
- Step 2: Remember to sign Section 1.
- Step 3: Only include your spouse/partner or any child dependents who are now residing in Ireland.
- Step 4: Any child aged 16 or over must complete their own application form.
- Step 5: If you know your preferred GP (General Practitioner) please ask them to complete and stamp Section 3 of this form. If you don't have a preferred GP, leave that section blank and one will be assigned to you (and your family).
- Step 6: Read your Data Protection Rights.
- Step 7: Post the completed application form to **PO Box 11745, National Medical Card Unit, Dublin 11** or alternatively you can **email** the form to: **PCRS.Applications@HSE.ie**

## Section 1: Declaration and consent

The HSE has the right, at any time, to change its decision on whether or not you are eligible for a Medical Card. We might do this, for example, if your residency status changes.  
Please read the following statements. If you agree with them, sign the form below and fill in date.  
I declare that the information that I have given as part of this registration is correct to the best of my knowledge.  
I will inform the HSE immediately of any change that may affect my eligibility.  
I accept that the HSE, when assessing whether I am eligible, may contact other government departments of Department of Employment Affairs and Social Protection to confirm the information that I have given.

Sign Here

Signature:



Date:

D	D	M	M	Y	Y	Y	Y
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## Section 2A: Personal details

### Applicant:

First name:

Surname:

Date of birth:

PPS number:

Gender: Male  Female

### Spouse or Partner

First name:

Surname:

Date of birth:

PPS number:

Gender: Male  Female

### Contact details:

Eircode:

Address:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Mobile phone:

## Section 2B: Your dependent children (aged 0-15).

Children over the age of 16 should complete their own application form.

First name:	Surname:	Date of birth:						Gender (please tick)		PPS number: For example: 2221111AW										In continuing education (please tick 'Y' for yes and 'N' for no)					
		D	D	M	M	Y	Y	M	F															Y	N
		D	D	M	M	Y	Y	M	F														Y	N	
		D	D	M	M	Y	Y	M	F														Y	N	
		D	D	M	M	Y	Y	M	F														Y	N	

## Section 3: Your GP of Choice (must hold a GMS contract)

GP Name: _____	GP Stamp <div style="border: 1px solid black; height: 80px; width: 100%;"></div>
GP GMS Panel Number: _____	
GP Signature: _____	
Date:     /     /	

## 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 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 to read at [www.hse.ie](http://www.hse.ie).

## Help and Information

A medical card allows you and your family to get some healthcare services free of charge in Ireland. You will be able to get care from the following:

- family doctors - also called GPs (general practitioners)
- nurses
- community care services - for example, physiotherapy, speech therapy
- hospital or emergency services
- children's health services
- mental health services
- disability services
- pregnancy services

In 9 months, you will receive a letter from us inviting you to review your application for your Medical Card. The application that you will have to complete will be a full financial assessment and you will need to provide your income and outgoings (if any).

If you have moved address at any stage, please let us know as you may lose eligibility if you do not keep your contact details up to date.