**Patient allocation application form**

**Patient details:**

Please note your application will be returned if all sections are not completed.

|  | **Patient one** | **Patient two** | **Patient three** | **Patient four** |
| --- | --- | --- | --- | --- |
| Surname: |  | Enter text. | Enter text. | Enter text. |
| Previous surname: | Enter text. | Enter text. | Enter text. | Enter text. |
| Forename(s): | Enter text. | Enter text. | Enter text. | Enter text. |
| NHS Number: | Enter text. | Enter text. | Enter text. | Enter text. |
| Title | Enter text. | Enter text. | Enter text. | Enter text. |
| Date of birth: | Enter text. | Enter text. | Enter text. | Enter text. |
| Place of birth: | Enter text. | Enter text. | Enter text. | Enter text. |

Please attach an additional sheet if insufficient space for your family.

**Household address details:**

|  | **Current address** | **Previous address** |
| --- | --- | --- |
| House number or name: | Enter text. | Enter text. |
| Street name: | Enter text. | Enter text. |
| Locality: | Enter text. | Enter text. |
| Town: | Enter text. | Enter text. |
| County: | Enter text. | Enter text. |
| Post code: | Enter text. | Enter text. |
| Home telephone number: | Enter text. | Enter text. |
| Mobile telephone number: | Enter text. | Enter text. |

If your previous address was outside of the UK, please give us the name of the country and the date of your arrival into the UK?

**Enter text.**

Is this the first time you have ever been registered with a UK NHS doctor?

**Choose an item.**

Please note that if this is the first time you have resided, or have been registered with a GP in the UK, a copy of the appropriate documentation may be requested by your allocated GP practice:

* proof of address (this could be in the form of a utility bill, driving licence)
* proof of identification (this could be in the form of a passport)

Please give us the names of GP practices in your area you have tried to register with and have been refused:

**Enter text.**

Did the above practice(s) give you a letter to indicate why you had been refused registration?

**Choose an item.**

What reasons were you given for not being able to register?

**Enter text.**

Which is your preferred GP practice to register with?

**Enter text.**

**Patient declaration:**

I **do/do not**\* consent to NHS Cornwall and Isles of Scilly Integrated Care Board discussing my case with a local GP practice.

Signed: **Enter text.**

Date: **enter a date.**

\*Delete as appropriate.

Please return the completed form to ciosicb.primarycare@nhs.net

Information provided will be held in accordance with the General Data Protection Regulation (GDPR) 2018 and will be used for the purpose of healthcare administration only.