

[Attach patient ID sticker here]

**Appendix B - Pre-Attendance Form****Why have I been asked to complete this form?**

NHS hospital treatment is not free to all. All hospitals have a legal duty to establish if patients are entitled to free treatment. Please complete this form to help us with this duty. A parent/guardian should complete the form on behalf of a child. **On completing the form, you must read and sign the declaration below.**

**Please complete this form in BLOCK CAPITALS**

Family name/surname:

First name/given name:

Date of birth:

D	D	M	M	Y	Y	Y	Y
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**DECLARATION: TO BE COMPLETED BY ALL**

This hospital may need to ask the Home Office to confirm your immigration status to help us decide if you are eligible for free NHS hospital treatment. In this case, your personal, non-clinical information will be sent to the Home Office. The information provided may be used and retained by the Home Office for its functions, which include enforcing immigration controls overseas, at the ports of entry and within the UK. The Home Office may also share this information with other law enforcement and authorised debt recovery agencies for purposes including national security, investigation and prosecution of crime, and collection of fines and civil penalties.

**If you are chargeable but fail to pay for NHS treatment for which you have been billed, it may result in a future immigration application to enter or remain in the UK being denied. Necessary (non-clinical) personal information may be passed via the Department of Health to the Home Office for this purpose.**

**DECLARATION:**

- I have read and understood the reasons I have been asked to complete this form
- I agree to be contacted by the trust to confirm any details I have provided.
- I understand that the relevant official bodies may be contacted to verify any statement I have made.
- The information I have given on this form is correct to the best of my knowledge.
- I understand that if I knowingly give false information then action may be taken against me. This may include referring the matter to the hospital's local counter fraud specialist and recovering any monies due.

Signed:

Date:

D	D	M	M	Y	Y
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Print name:

Relationship

On behalf of:

to patient:

**1. ALL: PERSONAL DETAILS – Please answer all questions that apply to you**

Do you usually live in the UK?

YES:

NO:

Nationality:

Address in the UK:

Passport

Country of

Telephone number:

Passport expiry date:

D	D	M	M	Y	Y
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Mobile number:

Dual Nationality:

Email:

Date of entry into the UK:

D	D	M	M	Y	Y
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Will you return to <u>live</u> in your home	YES:	NO:	If yes, when?	D	D	M	M	Y	Y
Address OUTSIDE the UK:			Name and address of Employer (UK or						
Country:			Country:						
Contact telephone:			Employer telephone:						

## 2. ALL: OFFICIAL DOCUMENTATION

Please tell us which of the following documents you currently hold (check all that apply):

Current United Kingdom passport		Current European Union passport							
Current non-EU passport with valid entry		Visa No.							
Student visa	Visit visa	Visa expiry date:		D	D	M	M	Y	Y
Asylum Registration Card (ARC)		ARC No.							
Other – please state:		BRP No.							

## 3. ALL: YOUR STAY IN THE UK – *You may be required to provide documentation*

Please tell us about the purpose of your stay in the UK (check all that apply):

Holiday/visit friends or family	On business	To live here permanently
To work	To study	To seek asylum
Other – please state: <input type="text"/>		

How many months have you spent OUTSIDE the UK in the last 12 months?

None	Up to 3 months	3-6 months	Over 6 months
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Please indicate the reason for any absence from the UK in the last 12 months (check all that apply)

I live in another country	A holiday/to visit friends	To work
I frequently commute (business/second home overseas)		To study
Other – please state: <input type="text"/>		


## 4. ALL: GP DETAILS – *If you are registered with a GP in the UK*

GP/surgery name:	Address of GP surgery:
GP telephone:	
NHS number:	

## 5. HEALTH OR TRAVEL INSURANCE DETAILS – *If the UK is not your permanent place of residency*

Do you have insurance?	YES:	NO:	Name and address of insurance provider:
Membership number:	<input type="text"/>		
Insurance telephone:	<input type="text"/>		

**6. EUROPEAN HEALTH INSURANCE CARD (EHIC) DETAILS – If you live in another EEA country**

Do you have a <u>non-UK</u> EHIC?		YES:	NO:	If yes, please enter the data from your EHIC below:			
 <p><i>If you are visiting from another EEA country and do not hold a current EHIC, you may be billed for the cost of any treatment received outside the Accident and Emergency (A&amp;E) dept. Charges will apply if you are admitted to a ward or need to return to the hospital as an outpatient.</i></p>	3						
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**7. STUDENT DETAILS – If you have come to the UK to study**

Name of college/university:												Telephone:					
Course dates	From:	D	D	M	M	Y	Y	To:	D	D	M	M	Y	Y	Number of hours/week:		

If you have completed this form in the A&E department, please give it to a receptionist or nurse before leaving. If you are admitted to any ward or referred for further treatment outside the A&E department, charges may apply. Please expect to be interviewed by a member of our Overseas Visitors Team.

**Please return to:**  
**Private and Overseas Patient Department,**  
**Salisbury NHS Foundation Trust,**  
**Odstock Road,**  
**Salisbury.**  
**SP2 8BJ.**

[sft.overseaspatients@nhs.net](mailto:sft.overseaspatients@nhs.net) or 01722 336262 ext 2420