Groby Surgery

Registration Form for adults NOT registered with the NHS or

From Overseas.

Thank you for applying to join The Groby Surgery. We would like to gather some information about you and ask that you fill in the following questionnaire. You don’t have to supply answers to all of the questions but what you do fill in will help us give you the best possible care. **You must supply TWO forms of Identification with your completed form, a photographic form of ID (such as a PASSPORT or DRIVING LICENCE) and a second proof of your home address (such as a recent BANK STATEMENT or UTILITY BILL).**

Please complete all areas in **CAPITAL LETTERS** and tick the appropriate boxes. Please ensure you **SIGN** and **DATE** your form.

**Fields marked with an asterix (\*) are mandatory.**

|  |  |  |  |
| --- | --- | --- | --- |
| \*Title | \*Surname |  | \*First & other names |
| \*Any previous surname(s) (if applicable) | |  | \*Date of Birth |
| Calling Name: | |  | Please tell us the date you first came to live in the UK: |
| \*Male Female | |  | \*Home address  \*Postcode: |
| Country of birth: | |
| KEYSAFE (If you have one) | |  | **\*Mobile No.**  As a practice we will send text messages where appropriate, if you wish NOT to receive texts No |
| Marital Status:  Married  Single  Divorced Widowed | |
| Occupation:  Employed  Self Employed  Retired  Unemployed | |  | Home No. |
| Email address: |
|  |  |
| Alternative telephone No. e.g. Work(Please state) |

|  |  |  |
| --- | --- | --- |
| Have you ever been in the employ of the Armed Forces?  Yes  No  Date Enlisted: Date Left: (Ua0T3) |  |  |

**\*Additional details about you**

|  |
| --- |
| \*What is your ethnic group?  **White**  British  Irish  Other White (please specify):  **Black**  Caribbean  African  Other Black (please specify):  **Asian**  Indian  Pakistani  Other Asian (please specify):  **Mixed**  White & Black Caribbean  White & African  White & Asian |
| If your preferred spoken language is NOT English please indicate what it is |

**Next of kin/Emergency Contact**

|  |  |  |
| --- | --- | --- |
| Name |  | Relationship to you |

|  |  |  |
| --- | --- | --- |
| Next of kin/Emergency telephone number(s) |  | Next of kin address (if different to above) |

**Reg for June 22**