

European Communities  
Social Security Regulations

Application for certificate of entitlement to medical treatment during a temporary stay in another EEC country.  
(Please complete in BLOCK LETTERS)

- Employed       Exempt       Dependant       Voluntary Contributor  
 Pensioner       Unemployed       District Medical Services       Other

**1. Details of applicant**

- a. Surname (Mr/Mrs/Miss)
- b. Other names
- c. Home address
- d. Insurance No / I.D. No / Passport No
- (If the family member does not have a personal I.D. No., please indicate the I.D. No. of the person from whom the rights of the family members are derived)
- e. Nationality
- f. Date of Birth  /  /
- g. Tel No / Mobile No
- h. Registration (GPMS) No

**2. Details of parent or legal guardian**

- a. Surname (Mr/Mrs/Miss)
- b. Other names
- c. Home address
- d. Nationality
- e. Date of Birth  /  /
- f. Tel No / Mobile No
- g. Registration (GPMS) No

3. I declare that to the best of my knowledge and belief the information given in this form is true and complete. I will notify the Gibraltar Health Authority of any relevant change of circumstances.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**\* HEALTH CENTRE CARD MUST BE PRODUCED**

Valid Date	Issued by	Period of validity of E111 card	Date of Issue
/ /	Name in BLOCKS	From / / To / /	/ /

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