The Glenfield Surgery

Registration Form for adults NOT registered with the NHS or

From Overseas.

111 Station Road, Glenfield, Leicester, LE3 8GS

Tel: 0116 2333600, Web: www.theglenfieldsurgery.co.uk

Thank you for applying to join The Glenfield 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**