

THE FORDINGBRIDGE SURGERY
NEW PATIENT INFORMATION PACK

CONTENTS:

- 1. Introductory letter to new patients**, including:
 - i. Proof of Identification and Address Policy.
 - ii. GMS1 form – Family Doctor Services Registration.
 - iii. New Patient Health Form.
 - iv. Carers Registration Form.
 - v. Health Visitors Registration Form - if you have children under the age of five.
 - vi. Child Immunisation Clinic information.
 - vii. Acute Illness Clinic information.

- 2. Extended hours information.**

- 3. Out-Of-Hours care details.** (This sheet gives you information on how to obtain medical care when the Surgery is closed).

- 4. Information for patients being admitted to hospital.**

- 5. SystemOnline information and application.**

- 6. Friends of Fordingbridge Surgery membership application form.**

Intentionally Blank

Dr H.J. Morris
Dr M.J. Gannon
Dr E.B. Staunton
Dr S. Smith
Dr P.G.C. Downes
Dr J. McGee
Dr T. Wallis
Dr J. Dingley



Fordingbridge Surgery
Bartons Road
Fordingbridge
Hampshire SP6 1RS
Appointments: 01425 653430
Business: 01425 652941
Fax: 01425 654393

Mrs J. Lydford *Business Partner*

VAT Registration Number: 879100022

Website: www.fordingbridgegps.nhs.uk
Email: hamp-pct.fordingbridgesurgery@nhs.net

Dear New Patient

Welcome to the Fordingbridge Surgery Practice.

In this "New Patient" pack you will find all the forms and information you need to register here at the Surgery. To make all the paperwork a little easier we will explain the various forms:

1. **Purple form** (application to be registered with the Practice). You must complete this form. It is very important that you give all the information requested as this form will be used to obtain your medical notes from your last doctor. Please complete and pass this to the receptionist. Details of your previous doctor and your previous address should be for the same area of the country. If you were previously in the Armed Forces then please include your service number in addition to the previous address. Once we have received your completed application you will be registered with us and have a named Doctor whom you will usually see. You will receive confirmation of this by letter or updated NHS card from the Health Authority.
2. **New Patient Health Form.** This helps us to obtain a brief personal medical history – again, please give as much information as possible. Please include immunisation details for children, and return completed forms to the Surgery as soon as possible.
3. **Practice Booklet.** This booklet gives you information about the services available at the Surgery, details of our Practice team and arrangements for times when the Surgery is closed. **PLEASE KEEP.**
4. See over page for 'Proof of Identification and address Policy'.

Supply of medicines If you live over one mile away from The Fordingbridge Surgery you are entitled to obtain your medicine directly from the Surgery's own Dispensary.

If you are not sure whether you have completed your forms correctly, please ask the Receptionist when you bring them back to the Surgery.

Yours sincerely

Fordingbridge Surgery

Dr H.J. Morris
Dr M.J. Gannon
Dr E.B. Staunton
Dr S. Smith
Dr P.G.C. Downes
Dr J. McGee
Dr T. Wallis
Dr J. Dingley



Fordingbridge Surgery

Bartons Road

Fordingbridge

Hampshire SP6 1RS

Appointments: 01425 653430

Business: 01425 652941

Fax: 01425 654393

Mrs J. Lydford *Business Partner*

VAT Registration Number: 879100022

Website: www.fordingbridgegps.nhs.uk

Email: hamp-pct.fordingbridgesurgery@nhs.net

Proof of ID / Address Policy

This practice has a policy to check the identification and residency of all newly registered patients. This is recommended by the Department of Health and is designed to reduce NHS fraud.

As part of the registration process you will be asked to bring in both photographic identification and proof of address documents from the suggested list below.

This list is in order of preferred documents but as a last resort you may have other document types that we haven't listed that may also be acceptable.

Photographic ID documents

ID card
Passport
Driving licence
Student card
Employer ID card
Hackney carriage licence
Bus pass

Proof of address documents

Driving licence
Utility bill
Credit card / bank statement

New Patient Form

Admin staff use

GP.		Date	
-----	--	------	--

Title:	Surname:	Forename:
Address:		
Date of Birth:		Telephone Number:
E-mail:		Mobile Number:

Ethnic Origin (please circle one)	
[White, British] [White, other] [Indian] [Pakistani] [Chinese] [Bangladeshi] [Other] [Asian ethnic group] [Black Caribbean] [Black African] [Black other non-mixed origin] [Black other mixed origin] [Other black ethnic] [Other ethnic non-mixed] [Other ethnic, mixed origin] Other..... Do not wish to give	
What is your first language?	

Previous Medical History

What serious illness have you had in the past?

Year	Illness

What operations have you had?

Year	Operation

Do you have any allergies?

--

Do you have any medical problems at the moment?

--

What medications do you currently take?

--

Have you had any problems in your personal life that it might help your Doctor to know about? (For example your childhood, education, family, home life or accommodation)

--

Do you look after or provide support for a friend, neighbour a relative?

Perhaps a friend, neighbour or relative helps you?

If so then the GP needs to know so that they can offer you the right support, information and access to services.

If the above applies to you then please complete the enclosed Carers Register Form.

Please turn over and complete page 2

Family History

Please tick as appropriate and state age when the condition started.

	Father	Age	Mother	Age	Brother	Age	Sister	Age
Diabetes								
High blood pres								
Heart Attack								
Stroke								
Asthma								
Cancer								

Immunisations

Vaccination	Date	Vaccination	date
Tetanus		Rubella	
Diphtheria		MR/MMR	
Polio		Hep B	
BCG		Other:	

Current Medical Status

Height..... Weight.....

Alcohol

Questions	0	1	2	3	4	Score
How often do you have a drink that contains alcohol?	Never	Monthly or Less	2-4 times a month	2-3 times a week	4+ times a week	
How many *standard alcohol drinks do you have on a typical day when you are drinking?	1-2	3-4	5-6	7-8	10+	
How often do you have 6 or more *standard drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	

*as a guide a standard drink is 1 unit of alcohol i.e. a small glass of wine, 1/2 pint of beer, a single measure of spirits.

Smoking

Please circle

[Never Smoked] [Ex-Smoker -date stopped?] [Current Smoker]

Cigarette smoker	Per day	Would you like to stop smoking?	Yes	No
Pipe smoker	Oz per week	If yes would you like advice about giving up?	Yes	No
Roll own	Oz per week			
Cigar smoker	Per day			

Women Only

Births

Date	Complications	Problems of Delivery	Birth Weight

Have you ever had a smear test? Yes No Date.....
 Are you taking the pill? Yes No Which one?
 Are you fitted with an IUCD (coil or loop)? Yes No Type?
 Have you had a hysterectomy? Yes No

We will hold information about you on computer. The information we hold is confidential and for the sole purpose of providing you with the best medical care we can and will not be disclosed to any other person or organisation unless we are required to do so by law or you give us your written consent.

The Data Protection Act 1998 gives you the right to see all the information that we hold on computer about you. If you would like to see a copy of your records please ask at reception.

Sign Date.....

Carers Registration Form for GP Surgery

Are you looking after or providing support for a relative, friend or neighbour?
Are you being helped or supported by a relative, friend or neighbour?
Your GP needs to know so you can be offered the right information, support and access to services. GP surgeries have to compile information for the government about the numbers of carers attached to the surgery so your information will help them do this.

Please complete the form below and return it to your GP surgery as soon as possible.

I am a carer and look after/support a relative, friend or neighbour *(please delete as appropriate)*

Title Forename Surname

NHS number

Patient address

Telephone:

GP/Surgery: Fordingbridge Surgery

I give consent for my details to be shared with social services in order to have an assessment of my needs as a carer Yes / No *(please delete as appropriate)*

I wish to discuss my needs as a carer with my GP or dedicated member of staff at the surgery Yes / No

Signed Date.....

I am a person being cared for/supported by a relative, friend or neighbour (please delete as appropriate)

Name.....

Address (If different from the carer above)

.....

GP and surgery address (If different from above)

.....

I give consent for my details to be shared with my carer shown above Yes / No *(please delete as appropriate)*

Signed Date.....

Intentionally Blank

HEALTH VISITORS REGISTRATION FORM

IF YOU HAVE CHILDREN UNDER THE AGE OF FIVE OR A CHILD OF ANY AGE WITH SPECIAL NEEDS

Please complete this form and return it to The Fordingbridge Surgery with other registration documents.

Parent / Guardian Name	Date of Birth	Address	Telephone number
			Land Line:..... Mobile:.....
			Land Line:..... Mobile:.....
Names of children	Date of Birth		
1.			
2.			
3.			
4.			
5.			
6.			

Signature of parent/guardian..... Date.....

Intentionally Blank

Child Immunisation Clinics

Immunisation Schedule



2 months	Diphtheria, tetanus, whooping cough, polio, Hib and pneumococcal
3 months	Diphtheria, tetanus, whooping cough, polio, Hib and Meningitis C
4 months	Diphtheria, tetanus, whooping cough, polio, Hib, pneumococcal and Meningitis C
12 months	Hib and Meningitis C booster, Measles Mumps and Rubella, and a pneumococcal booster
3 years 4 months	Diphtheria, tetanus, whooping cough, polio Booster and Measles, Mumps and Rubella booster

For more information please contact your Health Visitor or visit the following website www.immunisation.nhs.uk

Clinics

We have 2 Child Immunisation Clinics.

Weekly Clinic

- Wednesday 9 –10 am for Babies and Toddlers up to the age of 18 months.

Monthly Clinic

- Monday 3.45—4.45pm for Pre school children aged 3.5 years and older.

Timing of Appointments

You will receive your appointment from the **Child Health Service** who will have allocated a day and timed slot in the appropriate clinic according to your child's age.

- Please arrive on the correct day and at the correct time slot for your appointment. Please report to the receptionist for these appointments only.
- Please **do not** arrive early or on a different day.
- Please be aware that up to 5 children may also have been allocated the same timed slot.
- Try to bring only the relevant child, when possible
- Bring your appointment letter and Child Health Record to your appointment.

Consent

- If anyone other than you, as the parent, is bringing your child, they must have signed consent for the immunisation from you as the parent or guardian.

Cancellations

If you are unable to attend your allocated appointment please ring the surgery to cancel.

- **Child Under 6 Months old**
You will be offered another appointment by our reception staff for a future clinic.
- **Child Older than 6 months,**
You will receive another appointment from Child Health, usually within 3–4 weeks
- Please **do not** attend if you do not have an appointment issued by Child Health or the Surgery.

Other Information

- If you have any concerns or questions regarding your child's immunisations, please discuss these with your Health Visitor **prior** to your appointment day.
- In the event of an emergency or other extenuating circumstances, the clinic may be cancelled without notice. If this occurs we will offer alternative appointments.
- For everybody's comfort and safety, we would be grateful if you would leave the surgery following your child's immunisation as space is extremely limited.

Acute Illness Clinic

The Acute Illness clinic is run on a daily basis morning and afternoon by the Nurse Practitioners.

What is a Nurse Practitioner?

A Nurse Practitioner is a specialist nurse who has undertaken an extensive course of study to degree level.

This builds on nursing expertise and extends the “traditional” role to include some of the skills of their medical colleagues.

These include the ability to perform physical examination, diagnosis and treatment of a wide range of health problems in patients of all ages.

Nurse Practitioners at The Fordingbridge Surgery:

Angela Elling

BSc (Hons) Nurse Practitioner
RGN, DipN, FP Cert
Independent Nurse Practitioner

Bronya Barrow

BSc (Hons) Nurse Practitioner
RGN, DipN, FP Cert
Independent Nurse Practitioner

Prescribing

Angela and Bronya are also qualified independent Nurse Prescribers and where appropriate will prescribe medication

Some Conditions that might be seen by the Nurse Practitioner in the Acute Illness Clinic

- Bites and Stings
- Chest Infection
- Children with temperature
- Cough/Bronchitis
- Diarrhoea and Vomiting
- Earache
- Early Constipation
- Eczema
- Emergency contraception and immediately-necessary contraception advice
- Flu (flu-like illness)
- Hayfever
- Impetigo/skin allergies
- Ingrowing toenails
- Irritable Bowel Problems
- Low Back Pain
- Minor Injuries
- Musculo-Skeletal Problems
- P.V Discharge
- Rashes
- Sinusitis
- Sore/sticky eyes, foreign bodies, conjunctivitis & eye problems
- Sore Throat
- Urinary tract infections/cystitis
- Worsening Asthma
- Wound Infections

FORDINGBRIDGE SURGERY EXTENDED HOURS

This Practice is offering a limited number of additional Doctor and Nurse Appointments outside USUAL opening hours (8:30am-6:30pm). This provision is designed to help patients who are otherwise unable to attend surgery due to work commitments etc.

THESE APPOINTMENTS ARE FOR ROUTINE MATTERS ONLY AND MUST BE BOOKED IN ADVANCE BY CONTACTING THE SURGERY DURING USUAL OPENING HOURS.

Please be aware that the appointments provided by the GPs and Nurse Team of the Practice are on a rotational basis and that follow-up appointments and Nurse appointments (e.g. blood tests and ECGs) should be made during normal working hours.

The Practice will open for an Extended Hours Service

Monday, Wednesday and Thursday – 7:15am-8:00am

Monday evenings 6:30am – 7:30pm

One Saturday morning per month 8:30am – 10:30am

A Reception Service for making appointments, giving Blood Test and other results etc is available during these sessions.

Home visits and urgent problems during these times will continue to be handled by the Out of Hours Service on

0844 811 3060

and should be contacted directly.

We hope that this service will benefit those patients who previously have had difficulty arranging appointments, and ask that you continue to attend during usual hours if at all possible.

IMPORTANT

In an emergency you should attend the Accident and Emergency Department or dial 999. An emergency is a critical of life threatening situation and includes chest pain or suspected heart attack, head injury, severe loss of blood, severe breathing difficulties, loss of consciousness, deep wounds, suspected broken bones.

OUT-OF-HOURS CARE

PRIMARY CARE TREATMENT CENTRES (Out of Hours)

During the hours when our Surgery is closed (6.30pm – 8am weekdays) at weekends and on Public and Bank holidays, you will be able to access medical services through the **Out-of-Hours Care Service** provided by the Hampshire Primary Care Trust.

To contact this service telephone 0844 8113060.

When contacting this service your enquiry will be reviewed by medical staff to ensure that appropriate services are available to meet your needs.

You may under certain circumstances be asked to attend one of these local Treatment Centres. Your attendance at any one of these centres will be **by appointment only**, and staff at these centres will not be able to offer any help or support without an appointment.

Fordingbridge Hospital
Bartons Road
Fordingbridge
Hampshire
SP6 1JD

Hythe Hospital
Beaulieu Road
Hythe
Hampshire
SO45 5ZB

Lymington New Forest Hospital
Wellworthy Road
Lymington
SO41 8QD

PLEASE REMEMBER THAT YOU CAN RING NHS DIRECT ON 0845 4647 AT ANY TIME TO RECEIVE MEDICAL ADVICE.

INFORMATION FOR PATIENTS BEING ADMITTED TO HOSPITAL

The Practice wishes you well in your admission to hospital, and trusts you will make a speedy recovery.

Below is some information which will be helpful for you and will also help us:

1. Before discharge from hospital:

a. Medical Certificates (fit for work notes).

If you require one, please ask the Nurses or the Doctor on the ward before you are discharged. The hospital should provide one that covers the time you are expected to be "off work", not just the time you are in hospital. The agreement locally is that this would usually be up to a maximum of six weeks.

b. Medication.

If you require regular medications on discharge, ensure you are given two weeks' supply.

c. Discharge Summary.

You should be given a discharge letter for your GP. Please ensure that someone delivers this to the Surgery as soon as possible.

Home visits following discharge from hospital are rarely necessary and are not undertaken routinely. The hospital will liaise with the Community Nurse Team directly if they require them to visit you.

2. Information about what has happened during your admission.

Patients sometimes consult their GP shortly after a period of time on hospital, solely for the purpose of asking questions relating to their stay in hospital. Often we have incomplete information and are not fully able to answer the questions but will try to assist where possible.

Please ask the Doctors and Nurses in the hospital if you have any questions; they will be able to give you a much better answer than we can, as the information will be to hand.

Intentionally Blank

Dr H.J. Morris
Dr M.J. Gannon
Dr E.B. Staunton
Dr S. Smith
Dr P.G.C. Downes
Dr J. McGee
Dr T. Wallis
Dr J. Dingley



Fordingbridge Surgery

Bartons Road
Fordingbridge
Hampshire SP6 1RS

Appointments: 01425 653430
Business: 01425 652941
Fax: 01425 654393

Mrs J. Lydford *Business Partner*

VAT Registration Number: 879100022

Website: www.fordingbridgegps.nhs.uk

Email: hamp-pct.fordingbridgesurgery@nhs.net

SystemOnline Registration Procedure

The following procedure is required to gain access to our Online Repeat Prescription Service. The steps are necessary in order to ensure both your security and the security of the Practice clinical systems.

The following steps are required:

1. Please complete the enclosed 'Internet Access Application Form' and return it to the surgery reception. You will need to show forms of photo identification to verify your identity. You will then be given your **Internet Access Registration Letter**.
2. As soon as you have completed the registration at the surgery you will be able to login to the service by visiting our website at www.fordingbridgegps.nhs.uk and click on the relevant buttons on the surgery home page.
3. To sign in to your account you will need:
 - a. Your User Name
 - b. Your Password

You will find both of these on your **Registration Letter** given to you by the receptionist.

Changing your password

Following your registration at the surgery you will be issued with a randomly generated password. After logging in you can change your random password to a more memorable one. Passwords must be 8 or more characters long and must contain at least one number and non-alphanumeric character e.g. '!' or '?'. To change your password click **Change Password** link on the SystemOnline home screen and follow the instructions. Memorise your new password, you should not write it down or disclose it to anyone else.

Requesting a prescription

Once you are logged into the system, you will be able to request your repeat prescriptions. You will see your lists of repeat medications. You can tick the one/s you require to order and press the **Request Medication** button. If the item you require is not listed or you need to include further information with your request then enter this information into the **Medication request notes** field. Once your request has been submitted, a member of staff at the practice will process your request and will issue the prescriptions ready for collection in two working days (after 2 p.m.). Please note the Dispensary is closed between 1 – 2 pm daily.

Updating your contact details

Using this online system, you can also update your contact details if you feel that they are incorrect. Simply log in to the system and click on the **Change Contact Details** link on the SystemOnline home. You may be contacted to verify the information.

What do I do if I have forgotten my password?

Unfortunately, we cannot search our system if you have forgotten your password. This is due to security reasons. You will need to come into the surgery, re-register and another password will be issued. We apologise for any inconvenience but hope that you understand this security measure.

Finally, we would welcome any comments you may have regarding the online systems.
Fordingbridge Surgery

Dr H.J. Morris
 Dr M.J. Gannon
 Dr E.B. Staunton
 Dr S. Smith
 Dr P.G.C. Downes
 Dr J. McGee
 Dr T. Wallis
 Dr J. Dingley



Fordingbridge Surgery
Bartons Road
Fordingbridge
Hampshire SP6 1RS

Appointments: 01425 653430
 Business: 01425 652941
 Fax: 01425 654393

Mrs J. Lydford *Business Partner*

VAT Registration Number: 879100022

Website: www.fordingbridgegps.nhs.uk

Email: hamp-pct.fordingbridgesurgery@nhs.net

Internet Access Application Form

The Fordingbridge Surgery offers access to certain aspects of your medical record. Patients can use this form to request access to the online facilities offered.

For security reasons you will need to provide photo evidence of your identity such as a **passport** or **photo driving licence** before receiving your username and password.

You can **only** apply for access for **yourself** on this form and you must be aged 16 years or older. When the form is completed, please hand in at reception with your photo ID and you will be issued with your **Registration Letter** which gives you all the security details you need to login.

Declaration: Please supply me with my User name and Password details to allow me to access my medical records on line. I understand that I am responsible for securing these details to prevent unauthorised persons from accessing my record on line. In the event that my security details have been compromised I will inform the surgery immediately so that access can be blocked and new passwords issued. If at any time I wish to permanently cease internet access I will inform the surgery in writing. I also confirm that I have read the terms and conditions and agree to them.		
Title:	
Full Name:	
Address:	
Postcode:	
Email:	
Signed:		I confirm I am the patient mentioned above.
Date:		
Office Use only:	Photo ID presented: Driving Licence no:..... Passport no: Other(specify)	
Access authorised:	Signature Authoriser: Print Name:	Date:
Receipt of Codes:	To be signed by patient on receipt of Registration Letter with access codes	Signed: Date:

Dr H.J. Morris
Dr M.J. Gannon
Dr E.B. Staunton
Dr S. Smith
Dr P.G.C. Downes
Dr J. McGee
Dr T. Wallis
Dr J. Dingley



Fordingbridge Surgery

**Bartons Road
Fordingbridge
Hampshire SP6 1RS**

Appointments: 01425 653430
Business: 01425 652941
Fax: 01425 654393

Mrs J. Lydford *Business Partner*

VAT Registration Number: 879100022

Website: www.fordingbridgegps.nhs.uk

Email: hamp-pct.fordingbridgesurgery@nhs.net

Internet Access SystemOnline – Information, Terms and Conditions

The following guidance gives further information and outlines our Terms and Conditions. If you are interested in applying for access to SystemOnline please complete the Internet Access Application Form.

Please be assured that all details entered are secure.

As part of the registration process you will be required to show to a member of staff a photo ID (passport, photo driving licence etc.) in order to confirm your identity.

It is a further requirement that you complete the Internet Access Registration Form fully.

After you have registered for online services you will be able to request your repeat prescriptions using this system. You will be able to see your list of repeat medications and can tick the ones you would like to order.

If you have forgotten your password you will need to come into the surgery and re-register to obtain a new password. It is not possible to search on our system for your password due to security reasons. Your password is only known to you.

As part of the agreement and in the interest of the security of our system it is important that you keep your password and username safe and secure. You agree that you will not disclose any of the security codes and passwords to any third party. It should not be necessary to reveal your password to our staff.

We are constantly monitoring the use of the online services. Any breach of the terms and conditions or inappropriate use of the online services will lead to a review and your access may be revoked.

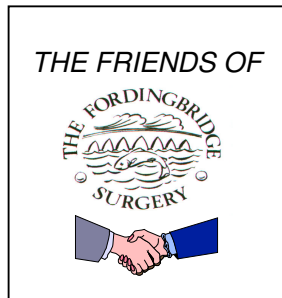
The Fordingbridge Surgery reserves the right to terminate this service, or parts of it, without any notice.

Intentionally Blank

**Fordingbridge Surgery
Bartons Road**

**Hampshire
SP6 1RS**

Telephone: 01425 652941
Fax: 01425 654393
Email: Hamp-pct.FordingbridgeSurgery@nhs.net
Chairman: Lt. Col. M J Shand



**Registered Charity No. 1094882
PATRON: Murray Walker, OBE**

FRIENDS OF FORDINGBRIDGE SURGERY ~ MEMBERSHIP APPLICATION FORM

If you would like to become a member of the Friends of Fordingbridge Surgery, please complete the form below and return it to the Surgery Receptionists, **retaining this section for your records.**

SUBSCRIPTION rates are as follows and run from 1 January:

Annual:	Single =	£ 5.00	Couple = £ 8.00
10 year:	Single =	£ 20.00	Couple = £ 30.00
Life:	Single =	£ 50.00	Couple = £ 100.00

Please make all cheques payable to The Friends of Fordingbridge Surgery, and send to The Fordingbridge Surgery, Bartons Road, Fordingbridge, Hampshire SP6 1RS, or you may pay when visiting the Surgery.

Using Gift Aid means that for every pound you give, we get an extra 28p from the Inland Revenue, making your donation go further. This means that £10 can be turned into £12.80 just so long as donations are made through Gift Aid. Imagine what a difference that could make - and it doesn't cost you a thing.

✍ -----

To: The Treasurer, Friends of Fordingbridge Surgery, c/o Fordingbridge Surgery.

Name:

Address:
.....

Postcode:

Email:

I enclose payment of £ for *annual/10-year/life membership.
(* please delete whichever is not applicable).

Signed: Date:

If your contribution can be Gift-Aided, please turn over and complete the details overleaf. Thank you.

giftaid it

Gift Aid Declaration

giftaid it

Name of Charity: **FRIENDS OF FORDINGBRIDGE SURGERY**

You must pay an amount of Income Tax and/or Capital Gains Tax at least equal to the tax that the charity reclaims on your donations in the appropriate tax year (currently 28p for each £1 you give).

Notes:

1. You can cancel this Declaration at any time by notifying the Friends of Fordingbridge Surgery.
2. If in the future your circumstances change and you no longer pay tax on your income and capital gains equal to the tax that the charity reclaims, you can cancel your declaration.
3. If you pay tax at the higher rate you can claim further tax relief in your Self Assessment tax return.
4. If you are unsure whether your donations qualify for Gift Aid tax relief, please contact our Treasurer. Alternatively, refer to help sheet IR65 on the [HMRC web site](#).
5. Please notify the Friends of Fordingbridge Surgery if you change your name or address.

*Please keep this section for your records, **note here the date you signed the gift aid form,***

Gift Aid declaration sent to the FOFS Treasurer on : *and send the details below to: The Treasurer, Friends of Fordingbridge Surgery c/o Fordingbridge Surgery, Bartons Road, FORDINGBRIDGE, Hampshire SP6 1RS.*

✂-----To: The Treasurer, Friends of Fordingbridge Surgery, c/o The Surgery
Details of donor:

Title Forename(s) Surname

Address

.....

..... Post Code

I want the Friends of Fordingbridge Surgery to treat (*delete as appropriate)

*the enclosed donation of £ as a Gift Aid donation, and all donations that I make from the date of this declaration until I notify you otherwise as Gift Aid donations.

*the donation(s) of £which I made on/...../..... as (a) Gift Aid donation (s)

*all donations I have made for the six years prior to this year, (but no earlier than 6/4/2000) **and** all donations I make from the date of this declaration until I notify you otherwise, as Gift Aid donations.

N.B. This form should only be completed in the name of an individual taxpayer.

Signed: Date:/...../.....