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REQUEST FORM FOR NON-NHS SERVICES

In accordance with the UK General Data Protection Regulation (UK GDPR)

Patient details

Last name	
First name	
Date of birth	
Address	
Phone number	
Email	

Private work requested

Please tick the relevant boxes below. The more specific you can be, the easier it is for us to quickly respond to your request. Record in respect of treatment for: (e.g., leg injury following a car accident).

I am applying for DVLA, Cab, HGV	**£135**	☐
• Additional Information Form	**£30**	☐
Fitness To Fly - Pregnant Woman	**£30**	☐
Fitness To Travel Short Certificate - Existing Health Conditions	**£30**	☐
Fitness To Travel Exam & Report	**£70**	☐
Freedom From Infection - Travel, School, Employment	**£45**	☐
Private Prescription	**£20**	☐
Private Sick Note	**£20**	☐
Private Letter Relating To Flights / Travel With Medicines	**£30**	☐
Other Private Letters	**starting from £40** *(dependent on level of detail)*	☐

Private Letter For Absence from Work	**£50**	☐
Private Letter For School, University Exams	**£60**	☐
Private Letter - Full Medical History	**£75**	☐
Registration Letter For An Individual Person Registration Letter For More Than One Person (i.e. Family Member / Household)	**£30** **£45**	☐ ☐
Travel Vaccination Certificate	**£20**	☐
Travel Cancellation	**£30**	☐
Vaccinations Not Provided By NHS: • Hepatitis B (Travel) - 3 Doses • Japanese Encephalitis - 2 Doses • Meningitis ACWY • Rabies - 3 Doses • Tick Borne Encephalitis - 3 Doses	 **£170** **£190** **£70** **£185** **£140**	☐ ☐ ☐ ☐ ☐ ☐

Please specify the reason for requesting a letter:

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Please complete if you are requesting access on **behalf of** the above-named patient.

(If request is for more than one person then please list the below details for each additional person on a separate sheet of paper)

Surname	
Forename	
Address	
Phone	
Relationship to Patient	

Proof of identity

Patients will be asked to provide 2 forms of identification one of which must be photographic identification. Please speak to reception if you are unable to provide this. Countersignature will be accepted only in exceptional circumstances.

Consent for children

If a child aged 13 or over has "sufficient understanding and intelligence to enable him/her to understand fully what is proposed" (known as Gillick Competence), then s/he will be competent to give consent for him/herself.

They may wish a parent to countersign as well.

Young people aged 16 and 17 are legally competent and may therefore sign this consent form for themselves but may wish a parent to countersign as well.

If the child is under 18 and not able to give consent for him/herself, someone with parental responsibility may do so on his/her behalf by signing this form below.

Timeframe for responding to requests

In accordance with the UK GDPR, patients are entitled to receive a response within the maximum given time frame of one calendar month from the date of submission of the request.

To ensure full compliance regarding Private Work, this organisation will adhere to the guidance provided in the UK GDPR. In the case of complex or multiple requests, the data controller may extend the response time by a period of two months. In such instances, the applicant must be informed in the first month and the reasons for the extension given.

Should the request involve a large amount of information, the data controller will ask the data subject to specify what data they require before responding to the request. Data controllers are permitted to “stop the clock” in relation to the response time until clarification is received.

No Refund Policy

Please be advised that Colindale Medical Centre has a no refund policy for such items of work. The practice takes significant time and effort to process & action your request outside of their usual NHS duties. This time is accounted for in the fees, and therefore, once the practice starts any work on your request, a refund cannot be issued. By submitting a request for Private (Non-NHS) services you are confirming the nature of the work you require, and that you accept the non-refund policy.

Incomplete applications will be returned; therefore, please ensure you have the correct documentation before returning the form.

You will be telephoned when the letter / document is ready for collection or posting.

<table>
<tr><td>Applicant signature</td><td></td><td>Date</td><td></td></tr>
<tr><td colspan="4">I confirm that I give permission for the Organisation / Parent to communicate with the person identified above regarding my medical records</td></tr>
<tr><td>Patient signature</td><td></td><td>Date</td><td></td></tr>
</table>

Countersignature

This is to be completed by someone (other than a member of your family) who can vouch for your identity. This section may be completed if proof of identity cannot be fulfilled.

I (insert full name) ....

Certify that the applicant (insert name) ....

has been known to me personally as .... for .... years

(Insert in what capacity, e.g., employee, client, patient, relative etc.)

and that I have witnessed the signing of the above declaration. I am happy to be contacted if further information is required to support the identity of the applicant as required.

Last name	
First name	
Address	
Phone number	
Relationship to Patient	

Applicant signature		**Date**	
I confirm that I give permission for the Organisation / Parent to communicate with the person identified above regarding my medical records			
Patient signature		**Date**	