**CARE LEAVER FREE PRESCRIPTION APPLICATION FORM:**

**Please note if any of the below applies to you, you are eligible for funding via an alternative route and do not need to apply for Care Leaver free prescriptions. Please contact your local authority for further information regarding this.**

Aged 16- 18 years old and in full time education.

Are pregnant or have had a baby in the previous 12 months and have a valid maternity exemption certificate (MatEX).

Have a specified medical condition and have a valid medical exemption certificate (MedEx).

Receiving Income Support

Receiving income-based job seekers allowance

Receiving income – related employment and support allowance

|  |  |  |  |
| --- | --- | --- | --- |
| First Name:. |  | | |
|  | | | |
| Last Name: |  | | |
|  | | | |
| DOB: |  | | |
|  | | | |
| Address (*current*): |  | | Post Code: |
|  | | | |
| Email Address: |  | | |
|  | | | |
| Telephone Number: |  | | |
|  | | | |
| NHS Number (if known): |  | | |
|  | | | |
| General Practitioner (*GP)* |  | | |
|  | | | |
| General Practitioner (GP)  Address |  | | Post Code: |
|  | | | |
| Name of Personal Advisor: |  | | |
|  | | | |
| Personal Advisor Contact Details:  *(Telephone Number and Email Address)* |  | | |
|  | | | |
| Which is your local authority?  If not stated please write your local authority in the box below. | Bristol  North Somerset  South Gloucestershire | | |
| Name of local Authority if not stated above |  | | |
| Have you a health condition or diagnosis? If so please state further information regarding this. |  | | |
| How would you like to receive your certificate? | Email to me  Post to my home address | | |
| When do you want your prescription to start?  (Choose the date you will collect your next prescription to get the most out of your certificate. If you already have a certificate, choose a date after this expires.) | Date: | | |
|  |  | | |
| **(I consent to Bristol, North Somerset and South Gloucestershire Integrated Care Board to use my personal details to purchase a prepayment certificate and for auditing, evaluation and monitoring purposes)** | | | |
| Name: | | Signature: | Date: |