

If you (or your partner) are named on a valid HC3 certificate for partial help with health costs, you may be able to get help with the cost of a private sight test. For more information see leaflet HC11 – 'Help with health costs', which is available at www.nhs.uk/healthcosts. If you think you might be entitled to help with the cost of your glasses, ask when you have your sight test.

Please complete this form using black ink and in BLOCK CAPITALS.

Part 1 PATIENT'S DETAILS

Form fields for patient details including Title, First names, Surname, Previous surname, Address, Postcode, Date of birth, NHS N number, N.I.N number, and Date of last sight test.

ELIGIBILITY

Eligibility questions: 'I / my partner are named on a valid HC3 certificate...', 'I will pay up to the amount above...', and 'I cannot attend a practice unaccompanied for a sight test because:'.

Please choose ONE selection from the list to indicate your ethnic group (optional):

List of ethnic groups with checkboxes: White (British, Irish, Any other White background), Mixed (White and Black Caribbean, White and Black African, White and Asian, Any other mixed background), Asian or Asian British (Asian or Asian British Indian, Asian or Asian British Pakistani, Asian or Asian British Bangladeshi, Any other Asian background), Black or Black British (Black or Black British Caribbean, Black or Black British African, Any other Black background), and Other ethnic groups (Chinese, Any other ethnic group, Not stated).

Part 2 PATIENT'S DECLARATION

** If you are under 16 or incapable of signing, your parent, carer or other person responsible for you should sign and give their name and address. I declare that the information I have given on this form is correct and complete. I understand that if it is not, appropriate action may be taken against me including repayment of the difference between my patient contribution and the NHS sight test fee and payment of a penalty charge. To enable the NHS to check my entitlement, and on the basis of NHS England performing tasks in the public interest, my personal data may be disclosed to NHS Business Services Authority, Department for Work and Pensions, HM Revenue & Customs, NHS Digital, NHS Counter Fraud Authority, education providers, HM Prison Service, local authorities, and bodies performing functions on their behalf. I may also be contacted about this form or the test. My claim will be processed by PCSE (Capita) and the relevant controller is NHS England. I can find out more about my rights at: https://www.england.nhs.uk/contact-us/privacy-notice/ or by contacting 0300 311 22 33. Where I have provided personal data on behalf of another person, they agree to me doing so, and I will draw this notice to their attention.

I am the [] patient [] patient's parent [] patient's carer or guardian [] same address as patient

Signature and name fields: Signature**, Name, Address, and Date.



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