

Chief Executive/General Manager of each
Health and Social Services Board and
the Central Services Agency

Copied to: All GPs, Dentists, Pharmacists and Optometrists on the Agency's Lists

23 June 2000

Dear Sir/Madam

FAMILY HEALTH SERVICES FOR PERSONS NOT ORDINARILY RESIDENT IN NORTHERN IRELAND

Summary

1. This Circular explains the entitlement of visitors to family health services in Northern Ireland. It is aimed primarily at practitioners who have contracted with Boards to provide any of the family health services and their staff.

Introduction

2. The Health Service is primarily for the benefit of people who live in Northern Ireland. Eligibility for health services should therefore relate to whether a person is ordinarily resident in Northern Ireland and not to nationality, the payment of National Insurance contributions or taxes. Certain visitors are also entitled to avail of the health services and the following paragraphs set out the circumstances in which these people may be treated.

Definitions

3. **“Ordinarily Resident”** - A person is regarded as ordinarily resident if he/she is lawfully living in Northern Ireland voluntarily and for a settled purpose as part of the regular order of his/her life for the time being. A person must have an identifiable purpose for his/her residence here and that purpose must have a sufficient degree of continuity to be properly described as settled. It is unlikely that anyone coming to live in Northern Ireland and intending to stay for less than six months will fulfil these criteria. A refugee given leave to remain in the United Kingdom or awaiting a decision on same and who is currently residing in Northern Ireland should be regarded as ordinarily resident, because he/she is residing lawfully for a settled purpose. Medical Branch of the Central Services Agency decides entitlement and the issue of a medical card, if appropriate, based on the individual circumstances of each case including, for example, the purpose and expected duration of a person's stay in Northern Ireland.



Applicants for a medical card may be asked by the Central Services Agency to produce letters from employers, academic institutions, the Home Office or Immigration Service, etc as confirmation of details given.

4. **“Visitor”** describes a person who is not ordinarily resident in Northern Ireland. It is essentially a short-term position until the visitor either returns home or becomes ordinarily resident here. If a family health services practitioner chooses to accept such a person as a health service patient, the terms of service provide that the practitioner cannot charge (apart from statutory charges such as for prescriptions). If the practitioner decides instead to accept the person as a private patient, the practitioner is free to charge.

Acceptance of Patients

5. The following paragraphs set out those categories of persons who are entitled to the full range of health services including family health services. They also outline those categories of persons who, under European Community Regulations or Reciprocal Health Care Agreements, are entitled only to treatment the need for which arises during a visit to Northern Ireland.
6. As is the case with people who are ordinarily resident here, it is a matter for the individual practitioner whether to accept a qualifying visitor as a health service patient. For example, a GP does not have to accept anyone for health service treatment, even NI residents, unless the patient is specifically assigned to him by the Central Services Agency¹. Anyone, including a visitor who is entitled to health services, who cannot find a GP to accept him on his list may apply to the Central Services Agency for assignment to a doctor's list.

Visitors from England, Scotland and Wales

7. Health services are available to persons visiting Northern Ireland who are ordinarily resident in England, Scotland or Wales. Such persons are entitled to treatment as temporary residents in the same way as Northern Ireland residents visiting Great Britain or another area of Northern Ireland outside their home area.

Visitors from The Republic Of Ireland

8. Practitioners may encounter greater numbers of visitors from the Republic of Ireland than from any other EEA country. However, apart from cross-border workers (see paragraph 9), visitors from the Republic of Ireland are no more or no less entitled to health service treatment than other EEA visitors.

¹ Regulations 4 and 5 of the Health Services (Choice of Practitioner) Regulations (Northern Ireland), 1998

Visitors from European Economic Area (EEA) Countries

9. Most visitors from countries within the European Economic Area (EEA) have some entitlement under European Community Regulations to use the health services including family health services. The precise entitlement can vary according to the patient's status (worker, casual visitor etc.). For example, cross-border workers – persons living in the Republic of Ireland and working in Northern Ireland who travel home daily or on a regular basis (eg at week-ends) - are entitled under European Community Regulations to the **full** range of health services here on the same basis as residents. They should hold a medical card issued by the Central Services Agency who will review their status annually. Dependants of cross-border workers are **not** entitled to the full range of health services. Their entitlement is the same as other EEA visitors.
10. Generally speaking, family practitioners should provide visitors who state that they are from EEA countries with “treatment the need for which arises during the visit” (including that for pre-existing but exacerbated conditions) and which cannot reasonably be delayed until the patient returns home. EEA visitors are **not** required to produce form E111 to receive emergency treatment. EEA visitors who come here **specifically** for treatment must have approval from their home authority (see paragraphs 11 and 12). Otherwise they may be offered private treatment (see paragraphs 30 and 31). EEA member states are:

Austria	Germany	Liechtenstein	Portugal
Belgium	Greece	Luxembourg	Spain
Denmark	Iceland	Netherlands	Sweden
Finland	Republic of Ireland	Norway	United Kingdom
France	Italy		

Visitors from EEA Member States Carrying Form E112 and Coming Specifically to Receive Treatment

11. The Form E112 is generally intended to give cover under the health service for specific treatment of a particular condition, eg a patient could be referred to Northern Ireland specifically for an organ transplant, a specific operation, maternity care, monitoring/assessment of an obscure condition. The vast majority of referral arrangements are made direct with hospitals on a consultant to consultant basis, and practitioners are not involved. Practitioners may, however, be involved if the patient's condition requires him/her to stay after discharge, or if the treatment requires two or more in-patient spells separated by out-patient care. The form E112 is not intended to give full cover for treatment for all conditions while the patient is temporarily in the “host” state.

12. Most countries referring patients under these arrangements tend to put (on the form E112) the name of the hospital to which the patient is being referred, prior arrangements for admission having been made before the patient leaves his home country. This should not debar a patient from obtaining associated treatment if needed from a practitioner. E112s are always issued on a time-limited basis, determined by the member state of issue. In some cases, patients with E112s may not require hospital treatment. It may be, for example, that during a visit the patient's condition might need routine monitoring by a practitioner and/or prescription of medication and adjustment of dosage (monitoring associated with prescription of warfarin is an example), or routine treatment by injections might be necessary. If the need for such treatment is known in advance, the patient may well be issued with a form E112 by his home country. In these cases, which are expected to be infrequent, practitioners should forward the form E112 to the following address after treatment, with a brief description of the treatment given.

Department of Health, Social Services and Public Safety
General Medical and Ophthalmic Services Branch
Room 425
Dundonald House
Belfast
BT4 3SF

Visitors from EEA Member States Carrying Form E128

13. This form (a copy of which is reproduced at Appendix 2) applies only to two groups of EEA nationals:
- workers posted temporarily to another member state and any members of their family who accompany them: and
 - students temporarily in another member state to study and any accompanying member of their family.
14. People in these two groups who come to Northern Ireland should carry form E128. This gives entitlement under the health service to necessary treatment for **any** condition. Their entitlement is **not restricted** to treatment that is immediately required. Routine treatment for on-going conditions existing before arrival in Northern Ireland cannot be excluded, and such patients should, in effect, receive full health care under the health service on the same terms as residents. They may either be accepted by the GP of their choice, or be assigned to a GP by the Central Services Agency. As a health service patient, the visitor carrying form E128 should not be treated on a private, paying basis.
15. A few points about the form E128 may be of help;
- (a) the names of the people covered by the form will be entered by the issuing country.

- (b) the sole country in which the form is valid will be entered, together with a time-limited period of validity. This will be linked to the period of the posting or the length of study.
 - (c) instructions on the form tell the holder to present the form to the doctor, dentist, hospital etc when seeking treatment to prove their eligibility to health service treatment.
 - (d) the information on the form should be verified (see paragraph below) and the form handed back to the holder for retention.
16. In verifying the form, the practitioner or receptionist should confirm that;
- (a) the patient is named on the form, at either item 1.1 or item 2.1;
 - (b) the United Kingdom is named on the form as the country in which the person is temporarily posted or is studying - item 3 (first entry);
 - (c) the form is valid on the date on which treatment is sought, ie it falls within the period entered on the form - item 3 (second and third entries);
 - (d) the form bears an official stamp and signature at item 4. It is impossible because of the huge number of different sickness insurance institutions throughout the European Economic Area, to attempt to list their names. They will have to be taken at face value.
17. It should not be necessary to seek corroborating evidence of identity, date of birth, name of employer/college etc unless there are suspicions that the person is trying to make use of a form fraudulently.
18. Posted workers or students on **holiday** visits to Northern Ireland from their posting or state of study, who present a form E128 issued by a third country, should be told the form is not valid in Northern Ireland. They are entitled under European Community law only to treatment of immediate necessity, on the same terms as for any other visitor from an EEA country, unless they produce a form E112. Similarly, family members of posted workers or students who do not accompany them for the period of the posting or study may visit Northern Ireland from time to time. Their entitlement also extends only to immediately necessary treatment, unless they produce an E112.

Entitlement Under Reciprocal Agreements

19. The United Kingdom has reciprocal health care agreements with the countries listed below. These agreements generally provide for the use of the family health services in cases where the need for treatment arises during the visit and it would be unreasonable to delay it until the visitor's return home.

Countries with which the United Kingdom has Reciprocal Health Care Agreements

Anguilla	Malta	Yugoslavia ie
Australia	Montserrat	Serbia and Montenegro &
Barbados	New Zealand	successor states Croatia,
British Virgin Islands	Poland	Bosnia, Slovenia, Macedonia
Bulgaria	Romania	
Czech Republic	Russia	
Channel Islands	Slovak Republic	
Falkland Islands	St Helena	
Hungary	Turks & Caicos Islands	
Isle of Man	USSR (Soviet Union)	
	except Latvia, Lithuania, Estonia	

Emergency or Immediately Required Medical Treatment

20. Under a GP's terms of service, he or she is required to offer, within his or her practice area, free treatment which that doctor considers to be immediately required owing to an accident or other emergency¹. **The terms of service make no distinction on grounds of nationality or residence.** For the purpose of this guidance, emergency or immediately required treatment should be interpreted to mean essential treatment which cannot be reasonably delayed until the patient returns to his/her home country. The terms of service (paragraph 3(4)) also require that where:

- a GP refuses to accept as a temporary resident a person to whom the temporary resident provisions² apply, or
- a person has been refused acceptance for inclusion on a doctor's list, or
- a doctor has made a request to the Central Services Agency that a patient be removed from his or her list,

the GP shall on request give the patient concerned, free of charge, any immediately necessary treatment for a period of up to 14 days. In summary, GPs' terms of service require visitors to be offered emergency or immediately necessary treatment free of charge. However, this is not the case for non-emergency treatment or treatment that is not immediately necessary – see paragraph 22 below.

21. Any necessary drugs or dressings which are supplied or prescribed, should be done so in the same way as for a resident. Prescription charges and exemptions are applicable under the usual rules. Also the quantities supplied should be no more than are essential for immediate purposes. GPs may be asked to justify unusual prescriptions.

¹ Paragraphs 3(1)(h), 3(4) and 3(6) of Schedule 2 to the General Medical Services Regulations (Northern Ireland) 1997

² Regulation 7 of the Health Services (Choice of Practitioner) Regulations (Northern Ireland) 1998

22. It is, of course, a matter for professional judgement whether treatment is immediately required in each individual case. However, immediately necessary treatment is considered to include treatment that is required as a result of a pre-existing condition that has become exacerbated during the period of the visitor's stay in this country and for EEA nationals, European Community Regulations require that such treatment is included.

Oxygen Therapy and Renal Dialysis

23. Under European law¹, oxygen therapy is regarded as a benefit that is immediately necessary and patients coming to Northern Ireland from EEA countries (see paragraph 10 for a list of them) on a non-medical visit (eg on holiday or on a business trip) who need oxygen therapy are eligible to obtain supplies through the health service during their visit on the same terms as residents. They should not be charged for any oxygen therapy service for which a resident is not charged². There is no requirement to produce form E112, which is used for the referral of a patient specifically for treatment from one EEA country to another (see paragraph 11 above).
24. Under European law, renal dialysis is also regarded as a benefit that is immediately necessary. EEA nationals requiring routine renal dialysis during a visit to Northern Ireland must make advance arrangements through their home renal unit with the relevant renal unit here.

Pharmaceutical Services

25. A pharmacist or dispensing doctor may dispense a health service prescription presented regardless of whether a patient is ordinarily resident or not. The prescription charge will be payable in the normal way. Likewise the normal exemption arrangements apply (eg patients aged 60 and over do not have to pay). A pharmacist or dispensing doctor may refuse to dispense a health service prescription if a patient who is required to pay a charge does not do so. If a patient's chargeable status is not clear, the charge should be paid and the patient given a receipt (form PS7). Entitlement to exemption or remission may then be established retrospectively.

¹. Article 22.1.a(i) of Regulation (EEC) 1408/71

². The UK, like several other member states under their respective state health care schemes, provides oxygen therapy as a domiciliary service to which access is obtained via a GP. There is no mechanism by which a patient can make advance arrangements to have supplies of oxygen available immediately on arrival

Dental Treatment

26. General Dental Practitioners (GDPs) will find guidance at paragraphs 5 to 18 helpful in judging whether a person who applies to them for health service dental treatment is ordinarily resident, in Northern Ireland. There are no requirements under GDPs' terms of service to treat temporary residents. However, in view of European law, GDPs should apply the same criteria to EEA nationals as they would to UK residents with the same clinical need when deciding whether to offer emergency treatment on the health service or on a private basis. Similar criteria should be applied to residents of countries with which the UK has a reciprocal agreement. In all cases GDPs have discretion over whether or not to accept a patient for health service treatment. Where a patient is accepted for health service treatment, the normal charges, exemptions and remissions apply. If a patient's chargeable status is unclear, the charge should be collected and the patient given a health service receipt. Entitlement to exemption or remission may then be established retrospectively.
27. Holders of form E128 and refugees are entitled to health services treatment on the same basis as UK residents.
28. Residents of EEA countries may visit Northern Ireland for the purpose of receiving specific dental treatment under the health service, but will need to bring with them form E112 which they should obtain from their own relevant authority dealing with health services (see para 11-12 above). This form (E112) entitles them to receive health service treatment in the same way as a resident.

Optical Services

29. Ophthalmic opticians (optometrists) have discretion over whether or not, subject to the eligibility criteria detailed in the General Ophthalmic Services (GOS) Regulations¹, to accept a patient for a health service sight test. Opticians will find the guidance at paragraph 5 of this circular helpful in judging whether a person who applies to them for a health service sight test is ordinarily resident. People who come from EEA countries and hold a form E128, and people accepted as refugees or who have formally applied for refugee status, are able to access full GOS services on the same terms as those who are ordinarily resident. As there are no temporary resident provisions under the GOS Regulations, an optician only has discretion either to accept patients on a health service or private fee paying basis. Where a patient is accepted for health service treatment, he/she may receive a free sight test and, where necessary, be issued with an optical voucher if eligible under the Optical Charges and Payments Regulations². If a patient's chargeable status is not clear, private charges should be paid and the patient given a receipt. Eligibility for health service sight tests and help towards the cost of glasses may be established retrospectively and a refund claimed.

¹ Regulation 15 of the General Ophthalmic Services Regulations (Northern Ireland) 1986 as amended by the General Ophthalmic Services (Amendment) Regulations (Northern Ireland) 1989

² Regulation 8 of the Health and Personal Social Services (Optical Charges and Payments) Regulations (Northern Ireland) 1997

Private Treatment

30. Some visitors will expect and wish to obtain private treatment, especially if they are visitors from non-EEA and non-reciprocal agreement countries such as United States and Canada. Practitioners should ensure that visitors fully understand whether they are being treated as private or health service patients as misunderstandings can be a cause of subsequent disputes.
31. Practitioners should also ensure that visitors from EEA countries (paragraph 10) and those with which the UK has a reciprocal agreement (paragraph 19) are aware of their entitlement as described above. Subject to these entitlements and to paragraph 13 there is no objection to offering private treatment to them or to visitors from other countries. It would be particularly appropriate to offer private treatment if it appears to the practitioner that the visitor has come with the sole purpose of receiving the treatment in question without the approval of the authorities in his/her own country.

Evidence of Entitlement to HS Treatment

32. Practitioners are reminded that they are entitled to require a person seeking treatment to produce his/her medical card where the person has come to live or work here (see paragraph 9). In the case of a visitor from an EEA or reciprocal agreement country, the practitioner may request proof of residence in that country if there is any doubt about the person's entitlement to health service treatment. Otherwise the practitioner may demand a fee for the treatment, provided that he/she gives the patient an account or receipt.

Prescription, Dental and Optical Charges

33. Visitors, from whichever country they come, who are entitled to health service treatment, are liable to pay the statutory charges for family health services (prescription, dental and optical charges) on exactly the same basis as residents.

Visitors Referred to Hospital

34. Practitioners who refer visitors to hospital for health service treatment may wish to warn them that they may be liable to be charged unless they require immediate necessary treatment or are covered by European Community Regulations or Reciprocal Health Care Agreements as described above. Patients should be advised to enquire at the hospital as to their detailed entitlements and liabilities.
35. Services and charges for visitors requiring hospital in-patient treatment are being reviewed and will be the subject of separate guidance.

Return of Medical Cards

36. Practitioners should note that, because entitlement to health service treatment is based on residency, persons **leaving** Northern Ireland for more than 3 months are required to return their medical cards to the Central Services Agency. Their entitlement to health

service treatment during any subsequent visits will depend on their status as outlined in the earlier paragraphs of this circular. On leaving Northern Ireland, patients should be removed from the relevant GP's list as the GP is no longer responsible for their care. GPs and their staff should notify the Central Services Agency of details of any patient whom they are aware has left/is leaving Northern Ireland for more than 3 months.

Enquiries

37. Any enquiries about the information contained in this Circular should be directed to:

Department of Health, Social Services and Public Safety
General Medical and Ophthalmic Services Branch
Room 425
Dundonald House
Belfast BT4 3SF
Tel: (0232) 524313

Yours faithfully

A handwritten signature in black ink, appearing to read 'Sheila Barfoot', with a long, sweeping flourish extending from the end of the name.

SHEILA BARFOOT

APPENDIX 1

A LIST AND BRIEF EXPLANATION OF THE VARIOUS FORMS REFERRED TO IN THIS CIRCULAR

Form E112 - the form is intended to give cover under the health service to European Economic Area nationals (see paragraph 10 for a list of countries) for specific treatment of a particular condition, eg a patient could be referred to Northern Ireland specifically for an organ transplant, a specific operation, maternity care, monitoring/assessment of an obscure condition.

Form E128 - this form applies to two groups of EEA nationals only

- workers posted temporarily to another member state and any members of their family who accompany them; and
- students temporarily in another member state to study and any accompanying members of their family.

For people in these two groups who come to Northern Ireland, form E128 will give entitlement under the health service to necessary treatment for any condition, that is their entitlement is not restricted to emergency or immediately required treatment. As a health service patient, the visitor carrying form E128 should **not** be treated on a private, paying basis.

Form E111 - most other EEA countries, but not the UK, require visitors from other EEA countries to present an E111 form when seeking emergency health care. Therefore in Northern Ireland, emergency treatment is not dependent upon presentation of an E111.

European Communities
European Economic Area*

CERTIFICATE OF ENTITLEMENT TO NECESSARY BENEFITS IN KIND
DURING A STAY IN A MEMBER STATE
(Note: this document establishes no entitlement if the purpose of the journey is to receive medical treatment abroad)

Social Security regulations: Regulation No 1408/71: Art 22b: Art 22c

The competent institution should complete this form in block letters and send it to the person concerned, or to the institution in the play of stay if the form has been drawn up at the latter's request.

1	Beneficiary: <input type="checkbox"/> activity in a Member State other than the competent State: employed/self employed person (2) <input type="checkbox"/> student (for the Netherlands, applicable from 1 January 1999)
1.1	Surname (3) Previous names (3) Forenames Date of Birth (4) Permanent address: Street Town Postcode Country (1)
1.2	D.N.I. (5) Identification No (6)

2	Members of the family travelling temporarily to another Member State				
2.1	Surname (3) Previous name (3) Forenames Date of birth (4) Identification No (6)
2.2	Permanent address (7) Town Street Postcode Country (1)

This document enables the above-named persons to obtain the necessary benefits in kind from insurance bodies in the country of stay in the event of sickness or maternity and, provisionally, in the case of an accident at work or occupational disease, in (1):
from (4): to: inclusive.

4	Competent Institution	
4.1	Name: Inland Revenue	Code No (8)
4.2	Address: Street: International Services 24-42 Corporation Street Town: BELFAST BT1 3DP	Country (1) GB
4.3	Stamp:	Date (4) Signature:

5	Extension of the period of validity			
5.1	From: to:	5.3	From: to:	
5.2	Stamp: Date: Signature:	5.4	Stamp: Date: Signature:	

a) When one of the persons concerned has to seek benefits, including hospitalisation, he should submit this form to the insurance body in the country in which he is staying, i.e:

in **Belgium**, the "mutualite" (local sickness insurance fund) of his choice;

in **Denmark**, general practitioners, dentists and hospitals belonging to the public health service. Specialist treatment may be obtained on the basis of a referral from the general practitioner. Further information may be obtained from the local/regional authority;

in **Germany**, the sickness insurance fund of his choice, which will, on receipt of the form, issue a certificate establishing entitlement to all care without imposing a condition of immediate need;

in **Greece**, normally the regional or local office of the Social Insurance Institute (IKA), which issues the person concerned with a "health book", without which no benefits in kind can be provided;

in **Spain**, the medical and hospital services of the Spanish Social Security health system. The form must be submitted, together with a photocopy;

in **France**, when applying for reimbursement, to the "Caisse primaire d'assurance maladie" (local sickness insurance fund) or directly to the hospital in the event of hospitalisation;

in **Ireland**, the Health Board in whose area the benefit is claimed;

in **Italy**, normally the "Unità sanitaria locale" (USL, the local health administration unit) responsible for the area concerned; for mariners and for civilian aircrews, the "Ministero della sanità - Ufficio di sanità marittima o aerea" (Ministry of Health, the navy or aviation health office response for the area in question);

in **Luxembourg**, the "Caisse de maladie des ouvriers" (Sickness Fund for Manual Workers);

in **the Netherlands**, the "ANOZ Verzekeringen" (Netherlands General Sickness Insurance Fund), Utrecht, which will, on receipt of the form, issue a certificate establishing entitlement to all care without imposing a condition of immediate need;

in **Austria**, the "Gebietskrankenkasse" (Regional Fund for Sickness Insurance) responsible for the place of stay;

in **Portugal**, for metropolitan Portugal: the "Administração Regional de Saúde" (Regional Health Administration) of the place of stay; for Madeira: the "Direcção Regional de Saúde Pública" (Regional Public Health Directorate) in Funchal; for the Azores: the "Direcção de Saúde" (Regional Health Directorate) in Angra do Heroísmo;

in **Finland**, the local office of the "Kansaneläkelaitos" (Social Insurance Institution), if compensation is sought for medical expenses incurred in the private sector. Benefits in kind can be obtained from municipal health centres and public hospitals by presenting this certificate;

in **Sweden**, the "försäkringskassan" (Social Insurance Office). Assistance from the medical service (hospital, doctor, dentist, etc) may be sought without first contacting the said institution;

in **the United Kingdom**, assistance may be obtained from the medical services without first contacting the competent institution.

This form should be presented when assistance is sought;

in **Iceland**, the "Tryggingastofnun ríkisins" (State Social Security Institute), Reykjavik: assistance may be obtained from the medical service without first contacting the competent institution. This form should be presented when assistance is sought;

in **Liechtenstein**, directly from the medical services (doctor, hospital, etc);

in **Norway**, the "lokale Trygdekontor" (local Insurance Office). Assistance may be obtained from the medical service without first contacting the competent institution. This form should be presented when assistance is sought;

b) In order to receive cash benefits, the person concerned shall, within three days of commencement of incapacity for work, apply to the institution of the place of stay by submitting a notification of having ceased work or, if the legislation administered by the competent institution or by the institution of the place of stay so provides, a certificate of incapacity for work issued by the doctor providing treatment for the person concerned.

Notes

*For the purposes of the EEA Agreement on the European Economic Area, Annex VI, Social Security, the present form shall also apply to Iceland, Liechtenstein and Norway.

(1) Symbol of the country: B = Belgium; DK = Denmark; D = Germany; GR = Greece; E = Spain; F = France; IRL = Ireland; I = Italy; L = Luxembourg; NL = the Netherlands; A = Austria; P = Portugal; FIN = Finland; S = Sweden; GB = United Kingdom; IS = Iceland; FL = Liechtenstein; N = Norway.

(2) Delete as appropriate.

(3) In the case of Spanish nationals, state both names at birth.

In the case of Portuguese nationals, state all names (forenames, surname, maiden name) in the order of civil status in which they appear on the identity card or passport.

(4) Give the date in the following order, day/month/year.

(5) In the case of Spanish nationals, state the number appearing on the national identity card (DNI), if it exists, even if the card is out of date. Failing this state "None".

(6) In the case of Italian nationals, indicate, if possible, the insurance number and/or "codice fianale".

(7) Complete only if the address of the members of the family differs from that of the worker or student.

(8) To be completed where this exists.