

GMS 1 REGISTRATION FORM - LEEDS STUDENT MEDICAL PRACTICE

Important: you are **not registered** until this form has been completed & returned to us
AND you have completed the on-line registration screens

1	1) All your first names	
	2) Family name (surname)	
	3) Date of Birth	<i>day</i> <i>month</i> <i>year</i>
	4) Sex	<input type="checkbox"/> Female <input type="checkbox"/> Male
	5) Leeds Address	
	6) Telephone number (mobile or land-line)	
	7) Previous family name (surname)	
	8) Town & Country of birth	
	9) If International, date of entry to UK	
	10) Name of your previous doctor, or if not known, name of surgery (if International and not previously registered with a UK doctor leave blank)	
	11) Your address when you were registered with that doctor/surgery (If International and not previously registered with a UK doctor leave blank)	
		12) POSTCODE:
	13) Signature	
	14) Date	<i>day</i> <i>month</i> <i>year</i>
2	Ethnic Groups – please tick one:	
	<i>White</i> <input type="checkbox"/> White British <input type="checkbox"/> White Irish <input type="checkbox"/> White other <i>Black</i> <input type="checkbox"/> Black Caribbean <input type="checkbox"/> Black African <input type="checkbox"/> Black other	<i>Asian</i> <input type="checkbox"/> Asian Indian <input type="checkbox"/> Asian Pakistani <input type="checkbox"/> Asian Bangladeshi <input type="checkbox"/> Asian other <i>Mixed</i> <input type="checkbox"/> White & black Caribbean <input type="checkbox"/> White & black African <input type="checkbox"/> White & Asian <input type="checkbox"/> Other mixed
	<i>Chinese</i> <input type="checkbox"/> Chinese <i>Other</i> <input type="checkbox"/> Other ethnic group <i>Decline</i> <input type="checkbox"/> Decline to say <small>Categories from 2001 Census, approved by Commission for Racial Equality</small>	
3	WRITE 'FREEPOST LEEDS STUDENT MEDICAL' ON AN ENVELOPE AND POST THIS FORM BACK TO US. NO STAMP IS REQUIRED	