



Notification Form: Emergency Medical Treatment Travel Scheme (Andalucía, Southern Spain)

By submitting this form the person confirms that he/she meets the eligibility criteria and is therefore an Eligible Person for the purpose of the scheme.

Date of Notification:

Nature of Emergency:

1. Brief Description of Emergency:

2. Specific Location in Andalucía, Southern Spain: [Detailed location/address where the emergency occurred]

Eligible Person's Details:

3. Full Name:

4. Date of Birth:

5. Address in Gibraltar:

6. Email Address (If applicable):

7. Contact Phone Number:

8. GHA Card Number

Additional Information:

9. Is the Eligible Person conscious and able to communicate?

Yes

No. Please provide details:



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10. Is medical assistance currently being provided?

Yes. Please state where and provide contact details:

No

11. Have any emergency services been contacted?

Yes

No. Please provide details:

12. Any other relevant information:

Declaration:

I, _____, hereby declare that the information provided in this Notification Form is true and accurate to the best of my knowledge. I understand the importance of promptly notifying the Government of Gibraltar to initiate the necessary procedures for coverage under Emergency Medical Treatment Travel Scheme (Andalucía, Southern Spain). I understand that if I knowingly give information that is incorrect or incomplete I may be liable to prosecution or other action.

Consent is hereby provided to the Government of Gibraltar or any authority acting on its behalf contacting any person, organisation or body relating to the information contained herein (including, as may be required to assess and process a claim for reimbursement of the notified emergency medical treatment). Further consent is hereby provided for the relevant person, organisation or body (including the relevant medical facility) to disclose any requested and needed information.

Date:



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Submission Instructions and Important Information:

Please save this document to your computer/mobile and email the completed Notification Form to **noreply.emergencymedical@gibraltar.gov.gi** immediately upon completion and gathering the essential information.

Note: The Notification Form is designed to be completed by the designated contact in order to initiate the notification process. The form includes essential details about the emergency and the eligible person to facilitate prompt action.

An eligible person requiring emergency medical treatment shall be responsible for payment of all expenses and shall seek reimbursement solely from the Government of Gibraltar subject to the terms and conditions of the scheme including exclusions and limitations.

GDPR Compliance Statement:

By submitting this Notification Form, you consent to the collection and processing of personal data as outlined below. The data provided in this form will be used by the relevant Government of Gibraltar Departments and Agencies for the purpose of administering the Emergency Medical Treatment Travel Scheme (Andalucía, Southern Spain). This may include verifying user data against government-held data to validate the eligibility of the individual under the scheme. The personal data collected may include but is not limited to the individual's name, date of birth, address, contact information, annual income, and details of any pre-existing medical conditions provided in the form. The processing of this personal data is carried out in compliance with and under the Data Protection Act 2004 and the Gibraltar GDPR. Your privacy and data security are important to us, and appropriate measures are taken to safeguard your personal information. For further information on how your data is handled and your rights regarding your personal data, please refer to our privacy policy page on <https://www.gibraltar.gov.gi/privacy-policy> or contact the relevant government department or agency handling your data.

Further Information:

- The scheme is intended to provide assistance only in situations of genuine emergency for eligible persons who cannot afford to pay. The Government will prevent any misuse or abuse of the scheme by any person.
- All applications for eligibility and/or claims under the scheme will be subject to thorough verification and investigation. The Government will reject or revoke any eligibility or claim that does not meet the criteria or conditions of the scheme.
- The scheme will be administered by the Government in accordance with its terms and conditions. No person should contact or solicit any Minister regarding the scheme. Any such attempt may result in disqualification from the scheme.
- Anyone who provides false information to qualify for or receive a benefit under the scheme may be subject to legal action by the Government and may be liable to prosecution. The Government may enforce this right whenever it discovers such false information.



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- The scheme is not a substitute for private insurance if an Eligible Person has such private insurance or can purchase it. If an Eligible Person has insurance that covers the emergency medical treatment he/she must claim under that insurance. Separately, Eligible Persons should also check if they have credit card travel insurance and the coverage available to them.