



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

This registration form is intended for individuals from 60-90 years of age solely residing in Gibraltar who wish to apply and register for HMGOG travel scheme for emergency medical treatment in Andalucía, Southern Spain. By registering, you confirm that you meet the eligibility criteria.

Personal Information:

1. Full Name:

2. Date of Birth:

**Contact Information:**

3. Address in Gibraltar:

4. Email Address:

5. Contact Phone Number:

**Eligibility Criteria:**

6. Are you a British national residing solely in Gibraltar?

Yes

No. Not eligible for registration.

7. Are you aged between 60-90?

Yes

No. Not eligible for registration.



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8. Are you registered with the Gibraltar Health Authority (GHA)?

Yes, GHA Registration Number (If not immediately known leave blank but eligibility conditional on GHA registration):

No. Not eligible for registration.

9. Annual Income less than £50,000?

Yes

No. Not eligible for registration.

10. Do you have a pre-existing medical condition?

Yes.

No

11. Purpose of Travel to Andalucía, Southern Spain (Please select one or more as applicable):

Day Trips

Overnight Stays

Holiday Home Visits

## Seeking Reimbursement from Government of Gibraltar:

An eligible person who receives emergency medical treatment shall contact the Government of Gibraltar immediately for the purposes of this scheme (through a family member or representative as appropriate). Any form requested by Government of Gibraltar for reimbursement must be duly completed and timely submitted, accompanied by such information and documentation (including original receipts) as shall be requested.

## Acknowledgment of Scheme Terms:

I have read and understood the terms and conditions of the Emergency Medical Treatment Travel Scheme. I understand that (a) coverage is only provided for emergency medical situations whilst travelling from Gibraltar to Andalucía, Southern Spain, subject to the terms and conditions of the scheme including exclusions and limitations and (b) I cannot claim direct reimbursement under the scheme from any person other than the Government of Gibraltar for any covered medical costs.



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## Consent:

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 in respect of eligibility under the scheme) and any subsequent request for reimbursement of covered medical costs. Further consent is hereby provided for the relevant person, organisation or body to disclose any requested and needed information.

## Declaration:

I hereby declare that the information provided in this registration form is true and accurate. I understand that this registration and any subsequent request for reimbursement of covered medical costs is subject to verification by the Government team responsible for the scheme. I understand that if I knowingly give information that is incorrect or incomplete, I may be liable to prosecution or other action.

Date:

## Submission Instructions:

- This form can be downloaded from the Government website:  
<https://www.gibraltar.gov.gi/emergencymedicalscheme>.
- Please save this document to your mobile/computer and email the completed form to  
[noreply.emergencymedical@gibraltar.gov.gi](mailto:noreply.emergencymedical@gibraltar.gov.gi).

## GDPR Compliance Statement:

By submitting this Registration 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.



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## 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.
- 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.