

Applicant's Name:

# RA01 Short Form Part 1

Registration for NHS Care Records  
Service applications



Connecting for Health

## Please note:

All applicants **must have read and agreed** to the conditions detailed in the **RA01 Short Form Conditions Version 1.2**. If you do not have a copy please request one from your Registration Authority **before** completing this document. All your personal data is processed in accordance with the Data Protection Act 1998 but it is important that you read the full "Notices to applicants on the collection of personal data" set out in the RA01 Short Form Conditions.

## Guidance

This form is made up of the following two parts:

- **Part 1** to be completed by you, the **applicant**, who requires access to NHS Care Records Service applications;
- **Part 2** to be completed by your **Sponsor & RA**. Your **Sponsor** will probably be your Clinical Manager/Line Manager or Supervisor.

## Please complete the following details:

Title (eg Dr, Mr, Mrs etc.):	
First Name:	
Middle Name(s):	
Family Name (Surname):	
Preferred Full Name:	
National Insurance Number:	
Date of Birth <sup>1</sup> :	
Post title:	
Occupation:	
Registering Organisation Name/Code:	<b>Wiltshire PCT</b>
Site Name <sup>2</sup> :	<b>Wiltshire Medical Services</b>
Telephone number <sup>3</sup> :	<b>01249 454000</b>
Email address <sup>3</sup> :	
Previous Registration Details:	

**Key** 1. Only captured for the purposes of e-GIF level 3 compliance

2. The name of the site where the applicant usually works at the time of registration

3. Either NHS email address or mobile number required to utilise Self service Centre functionality e.g. Self Unlock. Additionally required for all Registration Authority Managers, Agents and Sponsors

## Applicant's details and declaration

I have read and agree to be bound by the terms and conditions stated in the RA01 Short Form Conditions version 1.2 or later:

Applicant's signature: \_\_\_\_\_

Date (dd/mm/yyyy):

Applicant's Name:

## RA01 Short Form - Part 2

Sponsor use only

### Sponsor's declaration

I confirm that the **Applicant** specified in Part 1 should be issued a Smartcard.

Sponsor's signature: \_\_\_\_\_

### Sponsor confirmation of identity declaration

NOTE: this section should only be signed in the presence of an RA Manager or Agent

(The applicant will, additionally, be required to produce two forms of acceptable non-photographic proof of personal identification and two confirmation of address documents).

I confirm that the **Applicant** does not have any acceptable Photographic Identity Documents; I have known the individual for more than three years and I confirm the identity of this applicant.

Sponsor's signature: \_\_\_\_\_

RA use only

Registering Organisation Name			
	Sponsor	RA Agent/Manager	
Name			
Smartcard UUID			
Date completed			
Sponsor present	Yes/* No*	Passport, Photocard Driving Licence, or Birth cert. no.	
Sponsor confirms identity? <sup>4</sup>	Yes/* No*	Confirmation of address seen?	Yes/* No*
Signed statement and signed passport photo seen?	Yes/* No*		
Issued Smartcard UUID number:			

4. Where sponsor confirms identity then 2 forms of acceptable non-photographic proof of personal identification and two confirmation of address documents must be seen by the RA

\*Delete where applicable