



Application for Prepayment Prescriptions for Care Leavers

<p>**IMPORTANT** PLEASE CHECK THIS LINK BEFORE COMPLETING APPLICATION TO CHECK ELIGIBILITY FOR FREE PRESCRIPTIONS VIA NHS EXEMPTION Apply online for help with NHS costs - Apply online for help with NHS costs - NHSBSA</p> <p>IF NOT ELIGIBLE FOR NHS EXEMPTION - THE CARE LEAVER MUST BE AGED 18-24YRS 9MTHS AND REGISTERED WITH A GP TO BE ELIGIBLE TO APPLY</p>			
First Name:		Last Name:	
Address including post code (<i>current</i>):		DOB:	
		Tel Number:	
Email Address (Certificate will be emailed):			
NHS Number (if known):			
General Practitioner (GP):			
GP Address:			
Name of Personal Advisor:			
Local Authority:			
Personal Advisor Contact Details (<i>Telephone Number</i>):			
<p>(I consent to BOB ICB using my personal details to purchase a prepayment certificate for prescriptions on my behalf and monitoring purposes)</p> <p>I consent to BOB ICB contacting Oxfordshire County Council, Buckinghamshire Council, Brighter Futures (Reading), Wokingham Borough Council or West Berkshire Council if confirmation is required that I am a Care Leaver.</p>			
Name:	Signature:	Date:	
<p>Please email the completed form to: bobicb-ox.bobclprescriptions@nhs.net</p>			

For Office use only: Prescription approved for: 3 months 12 months Not approved

BlueTeq Number:..... Signed:.....

Date: on behalf BOB ICB.