

**Keep photocopy and proof of postage. Submit all documents to CAO by 1 April 2012.
It is the responsibility of every applicant to ensure this form is filled in correctly.**

Part 1: To be completed by HEAR Applicant

HEAR Applicant's Name:	<input type="text"/>
CAO Number:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Date of Birth:	__ __ / __ __ /19 __ __
PPS Number:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Part 2: To be completed by a Health Service Executive official

You can find details of all HSE Local Health Offices on www.hse.ie or LoCall 1850 24 1850

I certify on behalf of the Health Service Executive that the above applicant holds or is dependent on a parent/guardian who holds a Medical Card/GP Visit Card that is valid on 31 December 2011.

All forms must be completed, signed and stamped by a HSE official. Forms that are not signed and stamped are invalid. General Practitioner stamps will not be accepted.

Name of HSE Official:	<input type="text"/>
	BLOCK CAPITALS
Signature of HSE Official:	_____
Date:	__ __ / __ __ /20 __ __
<div style="border: 1px solid black; border-radius: 15px; padding: 10px; width: fit-content; margin: 10px auto;"><p>HSE Official Stamp</p></div>	