

UK S2 (PLANNED TREATMENT) APPLICATION FORM (ENGLAND)

This form is for residents of England who want planned treatment in an EU country, Norway, Iceland, Liechtenstein or Switzerland, also known as the S2 funding route.

If you have a valid UK-issued S1 form and live in the EU, Norway, Iceland, Liechtenstein or Switzerland, you should not use this application form.

Find out more by searching for 'healthcare abroad' on www.nhs.uk.

Please read the supporting [application guidance notes](#) before you fill in this form. If this form is incorrectly filled in, it will delay your application and may affect your funding.

Part 1: S2 Funding Route

- I am applying **before** treatment for a UK (England) issued S2.
Planned treatment dates: _____
- I can confirm that the planned treatment is in the state healthcare sector.
Treatment is planned in the following country: _____
- I am/the patient is ordinarily resident in England and do not have a registered UK issued S1 (including an ongoing application).
- If a payment has been made for the planned treatment, please confirm if this was for the co-payment? _____

Applications for planned treatment in Switzerland only – see Section 3:

To ensure this is the correct reciprocal healthcare funding route please confirm your reason for travel for planned healthcare (select one), whilst:

- Temporary visit** (for planned healthcare only) - provide expected travel dates (From / To):

- Studying abroad** (provide a letter from your educational institution confirming the start and end dates of your course).
- Temporary visit** (including holidays, visiting family or short business trips)
- Temporary visit - Working Abroad** (provide a copy of A1 document from HM Revenue and Customs or your employer)

Part 2: Patient and GP Details (Please record clearly, in BLOCK CAPITALS)

Family name		First name(s)	
Date of Birth		Sex	

Telephone number(s)		
Email address		
NHS number		<i>This is normally a 3-3-4-digit format</i>
National Insurance No		

I can confirm, by ticking the box, that the patient is ordinarily resident in England (living lawfully on a settled basis and entitled to receive NHS services) – for more information please see the guidance notes.

Address for Permanent / settled residence in England (*inc. postcode*) for correspondence.

Are you currently residing at the settled address you have provided above? Yes No

If **No**: Where are you currently residing (address / country)?

How long have you been there?

How long are you intending to reside there?

What is the reason for you not currently residing at your settled address in England (e.g., work, study, health, other)?

GP Name / Registered NHS GP practice (*this must be the NHS GP you were registered with at the time of the treatment you are applying for*):

NHS GP address (inc. postcode)

Please confirm that you have seen your NHS GP for the treatment you are applying for*:

Yes: NHS GP Consultation Date: _____ No:

***A GP assessment / referral will only be needed if you are being seen for treatment by a secondary care service (hospital or community care). You will not need a GP referral for treatments in a primary care setting (e.g. dental, ophthalmology). A referral to NHS services from a dental or ophthalmic provider is only required if applicable to your application.**

Please provide further information if you have seen an NHS dental or ophthalmic provider:

NHS treatment: Please confirm if you are currently being treated on the NHS for the medical diagnosis and / or treatment plan relevant to this application: **Yes** **No**

If YES – provide further details:

Part 3: Nationality – Switzerland only

If you are applying for planned treatment in a country other than Switzerland, please move on to Part 4. If you are applying for planned treatment in Switzerland, please continue to fill in Part 3:

If you are applying for planned treatment in Switzerland, you need to provide proof that you hold:

- UK, Irish, Swiss or EU nationality (or have dual nationality including one of these).
- Or are a stateless person or refugee, living in the UK.
- or are the family member or survivor of someone who holds one of these nationalities or statuses.

a) **Your Status:** Please select which nationality / status **YOU** hold (tick relevant option):

- UK national
- Irish national
- EU national
- Swiss national
- Refugee or stateless person (living in the UK)
- Dual nationality (if includes UK / Irish / EU / Swiss)

- Other, please provide details (including if you are a 'Norwegian, Icelandic or Liechtenstein national') or have a dual nationality not including one of the above - **then go to 3b**

b) Family Member Status:

If you have ticked 'Other' above (including if you are a Norwegian, Icelandic or a Liechtenstein national) and:

You do not have a UK / Irish / Swiss / EU nationality.

Or

You are a 'Dual national' and one of your nationalities is not UK, Irish, Swiss or the nationality of an EU Member State.

You will not be eligible for planned treatment in Switzerland unless you are a family member of someone with an eligible nationality / status (i.e., family member must have UK / Irish / EU or Swiss nationality), or be a refugee or stateless person (living in the UK)

Please select which nationality / status **YOUR FAMILY MEMBER** holds (tick relevant option):

- | | |
|--|---|
| <input type="checkbox"/> UK / Irish national | <input type="checkbox"/> Stateless person or refugee (living in UK) |
| <input type="checkbox"/> Swiss national | <input type="checkbox"/> None of the above |
| <input type="checkbox"/> EU national | |

What is your relationship to the family member?

- | | |
|--|----------------------------------|
| <input type="checkbox"/> Spouse | |
| <input type="checkbox"/> Civil Partner | If none of these please specify: |
| <input type="checkbox"/> Child | _____ |

c) Acceptable Evidence:

If you are a UK/Irish/Swiss or EU national, please send:

- 1) Evidence of your nationality, for example, a passport or birth certificate.

If you are the family member (e.g., spouse, civil partner or child) of a UK, Irish, EU or Swiss national, or of a stateless person/refugee, please send:

- 1) Evidence of this family relationship, and
- 2) Evidence of the family member's nationality.

If you are a stateless person, please send one of the following:

- 1) A UK issued stateless person travel document.
- 2) A UK Biometric residence permit.
- 3) Official Home office status paperwork.

If you are a refugee, please send one of the following:

- 1) A UK issued refugee travel document.
- 2) A UK Biometric residence permit.
- 3) Official Home office status paperwork.

Part 4: Treating Clinician / Provider Details

Provide details of the main establishment(s) in the country you want to receive treatment in, (in relation to the treatments for which you are applying for funding). If this involves more than one establishment, please provide details on a separate sheet.

Treating clinician name	
Name of establishment	
Address	
Country	
Telephone number(s)	
Email address	
Fax number	

Provider Declaration:

There is also a provider declaration from that they will need to complete to confirm that they can accept an S2 form, the treatment is in the state healthcare system, they can provide a medical letter, treatment dates and estimated costs and will only charge patients for any co-payment element.

Part 5: Diagnosis / Treatment details (in relation to this application)

What is the DIAGNOSED medical condition for which you are planning to receive treatment(s) abroad?

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Describe the **TREATMENT(S)** you are planning to receive abroad.

Record the Planned Treatment Dates:

Part 6: Supporting relevant information (to application)
(continue on a separate sheet if needed)

Part 7: Declaration by the Patient

I declare that all the information provided is correct and complete. I understand and accept that if I knowingly withhold information or provide false or misleading information, I may be liable to prosecution and/or civil proceedings and have to pay the money to the Treating Clinic(ian) directly.

I consent to the disclosure of all information relating to my application to and by NHS England, the Department of Health and Social Care (DHSC), NHSBSA, NHS Counter Fraud Authority and other NHS organisations / external parties, necessary for the processing and verification of this claim and the investigation, prevention, detection and prosecution of fraud.

I understand that the NHS is not liable for the care received abroad when funded via the UK S2 route.

I also hereby give permission for the person identified as the Applicant in Part 9 of this form to make this application on my behalf (if applicable).

Name of patient			
Signature of patient		Date	

Part 8: Confirmation of the Applicant

Are you (the patient) also the applicant?	<input type="checkbox"/> Yes <input type="checkbox"/> No – Please complete Parts 9 & 10
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Part 9: Declaration by the Applicant

I declare that I am applying with the consent of the patient / I am legally empowered to act on behalf of the patient **(delete as appropriate)**

Name of applicant			
Signature of applicant		Date	

Part 10: Details of the Applicant

Family name		First name(s)	
Relationship to patient		Title	
Telephone number		Email	
Applicant's address (for correspondence)			

Part 11: Application Check List

(Please complete and submit this section with your form)

Tick	Documents / checks you need to submit to support the application form
<input type="checkbox"/>	Residency: Proof of residency documents for your permanent / settled address in England.
<input type="checkbox"/>	Switzerland: If you are applying to have planned treatment in Switzerland, please submit: Proof of nationality or status (UK, Irish, Swiss or EU nationality; or a stateless person or refugee; or are the family member or survivor of someone who holds one of these nationalities or statuses).
<input type="checkbox"/>	Medical letter (diagnosis and treatment): Treating clinician's medical letter supporting diagnosis and medical need for treatment. This must be no more than 6 months old and prior to treatment start date, <i>(original copy and English translation required)</i> . Please note supplementary documentation can be included from a UK clinician in support of your application but is not a requirement.
<input type="checkbox"/>	Medical timeframe: Written support from your treating clinician which states how soon you need your treatment and why (based on their clinical assessment). This is required for the "Undue Delay" criteria <i>(original copy and English translation required)</i> . <i>Undue Delay – is when the NHS cannot provide the treatment / equivalent requested, in a medically justified timeframe, for your diagnosis / condition.</i>
<input type="checkbox"/>	Provider confirmation: Written confirmation from the treatment provider that they will accept a UK S2, the planned treatment dates & estimated costs.
<input type="checkbox"/>	Provider declaration: Completed treatment provider declaration form.
<input type="checkbox"/>	All sections of the application form have been fully completed.
<input type="checkbox"/>	All Signatures provided on application form <i>(patient / applicant)</i> .
<input type="checkbox"/>	Security Question and Answer: Q: _____ <i>(please provide for phone call ID verification)</i> A: _____

UK S2 disclaimer

This scheme only covers the cost of planned treatment, as agreed with the UK Government. The S2 certificate is not an alternative to comprehensive medical or travel insurance, which may be required to cover the costs of any treatment which an S2 certificate does not specifically authorise. Please keep up to date with information on available funding options on the NHS website at www.nhs.uk by searching for 'healthcare abroad'.

Signature of applicant confirming you have read and understood the above disclaimer:

Signature: _____ Date: _____

- Where possible, please send your application and supporting documentation by email to: england.europeanhealthcare@nhs.net.
- Please email your documents as a PDF attachment, do not email embedded documents or photographs of documents. If possible, organise documents into one PDF for each "category" (e.g., application form, proof of residence, medical documentation in 3 separate PDFs). This will enable your application to be assessed more quickly.
Please make sure all documents are clear to read and translated.
- Paper documents should be sent to the following address:
European Cross Border Healthcare Team
NHS England, County Hall, Leicester Road, Glenfield, Leicester, LE3 8RA
Contact email: england.europeanhealthcare@nhs.net
Contact telephone: 0113 8249653.
- **Please note:** It can take up to 20 working days for a fully completed application to be processed and an entitlement decision to be made.