

Overseas Healthcare Services (OHS)

Guidance on how to apply for an S1

1. Applicant able to apply

If the main applicant is able to make an application themselves they should do so by calling the following telephone number 0044191 218 1999.

They will require the following information for their application:

- Full name
- Date of birth
- National Insurance (NI) number
- Contact number and email address
- What country they have moved to
- What date they moved
- Are they being paid a UK State Pension, or will they be within the next four weeks?
- If so, when did they start being paid their UK State Pension, or when will it start to be paid
- Are they being paid a state pension from the country they have moved to
- Are you they being paid a state pension from any other EU/EEA country or Switzerland
- If so, which countries are paying them a state pension
- Do they have an address in the country they have moved to
- If so, what is this address

IMPORTANT: If the applicant has moved to Germany and receives a German State Pension, they need to answer an additional question:

- **Have they paid Statutory Health Contributions to Germany?**

2. Applicant would prefer a third party to apply and can provide permission

This could be used if necessary by the various organisations assisting UK nationals in obtaining S1s.

If the main applicant is able to contact us themselves but would prefer a third party to deal with the S1 application on their behalf, they need to provide us with a signed letter of authority consenting to this. This should include;

- The full name of the main applicant
- The date of birth of the main applicant
- The first line of address and post code of the main applicant
- The third party's full name
- The third party's date of birth, or the month and year they started acting as the authorised third party
- Either the main applicant's relationship to the third party (e.g. mother) or a password that the third party would need to quote when contacting us

In addition, proof of the main applicant's signature (such as a driving licence or passport) is also required. This must be sent to:

Email: nhsbsa.ohsregistrations@nhs.net

Post:

Overseas Healthcare Services
NHS Business Services Authority
152 Pilgrim Street
Newcastle upon Tyne
NE1 6SN

3. British National (BN) is unable to apply themselves or provide third party authorisation due to current medical condition (cognitive capacity)

If someone has power of attorney for the main applicant, they can provide a copy of this (it will need to be translated if in another language) and make the application on behalf of the main applicant.

If nobody has power of attorney for the main applicant and there is no close family member who can apply, someone from the following professions, Social Worker or Care Home Manager can apply. The application will be considered upon receipt of the completed template shown below. Please note that based on the information provided, the NHSBSA will consider if the applicant is entitled to an S1 and if an S1 can be issued. Should further information be required we will reply to your email to request it.

Please provide all requested information using the template provided making sure all blue fields are completed and send to the NHS Business Services Authority for consideration.

(Contact number 0044191 218 1999)

Template for appointed professional to apply for S1:

To: nhsbsa.ohspolicy@nhs.net and nhsbsa.OHSTeamManagers@nhs.net

Subject: Application for S1 on behalf of [Insert full name](#)

I am [Insert full name](#), choose: [social worker/care home manager](#), at [insert name of work place](#) in [Insert country](#). In order for [Insert full name](#) to access public services in [insert country](#) he/she requires an S1 to demonstrate the right to access public health care and other public services.

I confirm that I am the person in charge of [Insert full name](#), who is unable to apply for an S1 themselves due to [explain condition](#) which has affected [his/her](#) cognitive capacity.

I also confirm that I have access to the relevant financial/personal information of [insert full name](#) and have used this information to provide complete and accurate answers to the questions below.

Information required for application (if answer is not known please enter unknown):

- Full name:
- Date of birth:
- National Insurance Number:
- Contact number and email address (professional in charge):
- When did this BN move to the country they now reside in?
- Is this BN being paid a UK State Pension?
- If so, when did this BN start to be paid their UK State Pension?
- Is this BN being paid a state pension from the country they reside in?
- Is this BN being paid a state pension from any other EU/EEA country or Switzerland?
- If so, which countries are paying this BN a state pension?
- What is this BN address?

IMPORTANT: If the applicant has moved to Germany and receives a German State Pension, please answer this additional question:

- **Has the BN paid Statutory Health Contributions to Germany?**

Please do not hesitate to contact me if you require further details.

Many thanks.

Kind Regards,

([insert full name and contact details](#)).