

Customer and Local Services

P.O. Box 55, La Motte Street
St. Helier, Jersey, JE4 8PE
+44 (0)1534 445505

CONFIDENTIAL

PLEASE USE BLOCK CAPITALS

APPLICATION FOR SUBSIDY FOR PURCHASE OF GLUTEN FREE FOOD

This application form consists of two parts to be completed by:

- A. the claimant
- B. the general practitioner of the claimant

When parts A and B have been completed the form should be sent to **Customer and Local Services, P.O. Box 55, La Motte Street, St. Helier, Jersey JE4 8PE.**

For queries regarding the scheme, please contact Customer and Local Services on Tel 445505.

PART A - TO BE COMPLETED BY CLAIMANT:

Applicant's Social Security Number:

--	--	--	--	--	--	--	--	--	--

Surname of Applicant:

Forenames: Date of Birth:

Address:

..... Post Code: Tel: No.....

For the purpose of assessment of my application, I hereby authorise Customer and Local Services to obtain any relevant information regarding this application from my GP or any other appropriate member of the medical profession.

Signature: Date:

PART B - TO BE COMPLETED BY GENERAL PRACTITIONER:

DECLARATION:

1. Has Coeliac Disease (Gluten Sensitive Enteropathy) been confirmed by biopsy?
 Yes No

Or

2. Has Dermatitis Herpetiformis been confirmed by biopsy?
 Yes No

Signature:(Dr. to Print name also)..... Date

FOR OFFICE USE ONLY:

Date eligibility to be reviewed: Approved by:

Social Security is registered as a Controller under the Data Protection (Jersey) Law 2018 as we collect and process personal information about you. For more information on how we use your data please go to our privacy statement on www.gov.je or request a written copy by phoning 01534 445505.