

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 the **Employment, Social Security and Housing, Health Zone, Union Street, St Helier, JE2 3DN.**

For queries regarding the scheme, please contact us on Tel 444444.

PART A - TO BE COMPLETED BY CLAIMANT:

Applicant's Social Security Number:

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Surname of Applicant:

Forenames: Date of Birth:

Address:

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

For the purpose of assessment of my application, I hereby authorise Social Security to obtain only explicit information regarding Part B from my GP or any other appropriate medical professional.

I understand that I can withdraw my consent by contacting the Health Zone team, but it may delay my application being processed.

Signature: Date:

PART B - TO BE COMPLETED BY GENERAL PRACTITIONER OR MEDICAL PROFESSIONAL:

DECLARATION:

1. Has Coeliac Disease been confirmed by biopsy/or blood test?

☐ Yes

☐ No

Or

2. Has Dermatitis Herpetiformis been confirmed by biopsy/or blood test?

☐ Yes

☐ No

If you receive a diagnosis by blood test, then this must show the TTG to be greater than 10 x the upper limit of normal. Please provide a recent copy of your blood test results.

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

FOR OFFICE USE ONLY:

Date eligibility to be reviewed: Approved by:
H.50

Privacy Statement: In accordance with the Data Protection (Jersey) Law 2018 the controller is registered with the Office of the Information Commissioner and the registration number is 17756. The information provided on this form will only be used to assist us with this application for a Gluten Free subsidy. The information will be stored on the secure Social Security database. We may check this information with other information we hold. We will not give information to anyone outside of the department unless the law allows us to, or failing that we will seek consent. Calls may be recorded for training and quality purposes. Find out more about how we use your data in our Social Security privacy statement on www.gov.je or request a written copy by phoning 01534 444444