



APPLICATION FORM

To apply for your firearms medical please complete all questions.

Full Name *

Phone Number *

Date of Birth *

Email *

Address *

Postcode *

Are you applying for a Grant or Renewal ? *

Grant

Renewal

GP Details & Police Force

GP Surgery Name *

GP Phone Number *

GP email (if known)

GP Surgery Address *

Postcode *

Name of Police Force *

Police force Address (if known)

Firearms Licensing Phone Number (if known)

Firearms licensing email (if known)

We must know the full details for your GP surgery and the police force you are applying to. If either of these pieces of information are omitted, we may struggle to gain your full medical history or contact the police force where appropriate.



APPLICATION FORM

Consent Form - MUST READ

I authorise Vortex Medicals, part of Vortex Medical Ltd, to contact my GP in order to obtain my medical records and to retain and assess my complete medical history for the purposes of my firearms or shotgun grant/renewal application.

I agree that any relevant medical information may be included within the medical verification report and, where appropriate, disclosed to the police.

I also consent to the completed report being sent either directly to the Firearms Licensing Unit (where this is accepted by the police) or returned to me via email or post where the police require submission by the applicant.

In accordance with the 2019 Home Office statutory guidance, I further give permission for Vortex Medicals to write to my GP practice requesting that an appropriate marker is placed on my NHS medical record (if one is not already in place). This marker enables my GP to notify the police of any new relevant medical conditions that arise after a certificate has been granted. This is a standard and normal process.

I consent to Vortex Medicals carrying out my full medical reporting process *

Please provide consent for Vortex Medicals to email and/or post the report to your application police force directly via a non NHS email for those forces who prefer this method. Police guidance states they cannot be held responsible for any loss or inappropriate access to emails sent to them from a non NHS email address. Please note however all Vortex Medicals email systems run on a secure network and adhere to GDPR.

I consent to Vortex Medicals sending my report to the police from a Non NHS email *

Full name (In CAPITALS) *

Signature: *

Date *

Are you a member of a gun club, if so, which one?

How did you hear about us ?

We would like to keep in touch following using our service to send you reminders and important company updates pertinent to you. If you want to OPT OUT, please tick the box. You can opt out at any time by contacting us.



APPLICATION FORM

Next Steps

Thank you for completing the application form. You will now need to send this form along with the GP subject access request consent form attached (and also found on our website) to the address below as recorded delivery. Alternatively you can scan this and forward it to us providing the quality of the scan is acceptable.

Please note the form below requires hand signing as GP practices are not allowed to accept forms with a digital signature.

We will now send the form below to your GP practice to request your medical records which will be sent directly to us. Your GP may contact you to confirm this request. Your GP surgery has 30 days to comply and they will be contacted by our team if any delays become apparent.

Address:

Vortex Medical Ltd
17 Fourth Avenue
Bridlington,
East Riding of Yorkshire
YO15 2LN

Email: admin@vortexmedicals.co.uk

Phone: 07806 983230

Prior to sending the form, please get in touch with us so we can start the administrative processes before the arrival of the forms. The fastest way is often as a message on whatsapp.

Thankyou for choosing Vortex Medicals



Vortex Medical Ltd
17 Fourth Avenue
Bridlington
YO15 2LN

Full Name:

Registered Address:

Contact Number:

Email:

Date of Birth:

GP surgery (full address):

Dear GP / Practice manager,

Subject Access Request – Medical Records

I have appointed Vortex Medical Ltd (Company No. 16359892) to complete a medical assessment on my behalf in relation to my firearms/shotgun, application/renewal.

In order to carry out this assessment, they require access to my complete medical history.

I hereby give my full consent for Vortex Medical Ltd to request and receive a copy of my entire medical record, including any historic paper records such as Lloyd George cards where applicable.

Please treat their request as a formal Subject Access Request under the Data Protection Act 2018 and UK GDPR. As such, I understand that the records should be provided free of charge.

I would be grateful if the records could be supplied electronically to records@vortexmedicals.co.uk where possible. Alternatively, they may be sent by Special Recorded Delivery to:

Vortex Medical Ltd, 17 Fourth Avenue, Bridlington, East Yorkshire. YO15 2LN

I understand that this request should be fulfilled within one calendar month of receipt. Should there be any difficulty in complying, I am aware of my right to seek guidance from the Information Commissioner's Office.

Thank you for your cooperation.

Yours faithfully,

Name:

Signature:
