PART A

Application form for Healthy Start vouchers

Fill in this application form clearly in black ink, in English and in CAPITAL letters

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V5

5 Your children: Please give details of any children (under 4) you already have (continue on another sheet of paper if necessary)

First name]	Date of k	birth	D	DI	M	YY	Y	Y
Surname]								
First name]	Date of k	oirth	D	D	M	YY	Y	Y
Surname]								
First name]	Date of b	birth	D	DI	M	YY	Υ	Y
Surname]								

6 Are you pregnant? Yes No

7 Please read this

Please read this if you are 16 or over, sign and date the form yourself. If you are under 16, ask a parent or carer to sign and date the form.

By signing:

- I declare that the information I have provided in this application form is correct and complete.
- I have read and understood the dos and don'ts of Healthy Start (described on page 9 of the Healthy Start leaflet).
- I agree to following these rules during any period I receive Healthy Start vouchers for myself or my family.
- I agree that the UK Health Departments can share information about me with other organisations to check that the information I have given is correct and to stop false claims (as described on page 9 under the heading 'Data protection').

I understand that if I knowingly claim support from Healthy Start that I am not entitled to, this support may be stopped and I will be liable to reimburse the UK Health Departments the value of any vouchers and vitamin coupons I have received and used.

Signature												
Name												
Date	D	D	Μ	Μ	Υ	Υ	Υ	Υ				

Now ask your health professional (usually your midwife or health visitor) to complete the statement below. You do not need to pay anything to have your form signed.

Part B: Health professional's statement

I certify that	Health professional's signature
(name of applicant)	
	Health professional's name
date of birth (of applicant)	
D D M M Y Y Y	Date of signing
has consulted me about her pregnancy	
The expected date of delivery is	Surgery stamp or work address
D D M M Y Y Y Y	
(please fill in full date).	
AND/OR	
I certify that the information (s)he has given in Part A, question 5 about his/her children is, to the best of my knowledge, correct.	
AND	
I confirm that I have given him/her health-related advice.	Surgery postcode
This form can be countersigned by any registered midwife, nurse or medical practitioner	GMC no./NMC pin (optional)
	Applications for Healthy Start vouchers will not be accepted without a signature (or letter) from your health professional.