

## SCHEDULE 3

### Regulation 5(4)

## PART IIIB

### INFORMATION TO BE INCLUDED IN REPORT BY ADDITIONAL FHSAS TO MEDICAL PRACTICES COMMITTEES IN RESPECT OF APPLICATION FOR INCLUSION IN A MEDICAL LIST

1. Full name of applicant.
2. Date from which the applicant proposes to provide medical services.
3. The area of the FHSA's locality in which medical services are to be provided.
4. The name of any other FHSA in whose locality the applicant provides or intends to provide medical services.
5. The area of any other FHSA's locality in which the applicant provides, or intends to provide, medical services.
6. Details of the distance from the nearest point on the FHSA boundary (to whom the current application is made) to:—
  - (a) the doctor's nearest surgery,
  - (b) the doctor's private address.
7. Whether the areas named in the application—
  - (a) are/are not within the catchment area of the doctor's present practice,
  - (b) are/are not adjacent to the doctor's area of practice,
  - (c) do/do not already contain patients of the doctor's present partnership practice.
8. Whether local practices are unwilling/unable to accept the proposed patients.
9. Whether the applicant intends to open a branch surgery.
10. Whether or not the application is supported by the FHSA, including details of its reasons for supporting or not supporting the application and any report from the Local Medical Committee or Community Health Council.
11. Any other information which the FHSA considers to be relevant to the determination of the application, including whether or not it is the opinion of the FHSA that the doctor would be able to comply with the terms of service.