

UK S2 (PLANNED TREATMENT) APPLICATION FORM (ENGLAND)

This form is for residents of England who want planned treatment in an EU country, Norway, Iceland, Liechtenstein or Switzerland, also known as the S2 funding route.

If you have a valid UK-issued S1 form and live in the EU, Norway, Iceland, Liechtenstein or Switzerland, you should not use this application form.

Find out more by searching for 'healthcare abroad' on www.nhs.uk.

Please read the supporting [application guidance notes](#) before you fill in this form. If this form is incorrectly filled in, it will delay your application and may affect your funding.

Part 1: S2 Funding Route

- ☒ I am applying **before** treatment for a UK (England) issued S2.
Planned treatment dates: Phase 1 : 06/01/2026 and Phase 2 : 26/01/202
- ☒ I can confirm that the planned treatment is in the state healthcare sector.
Treatment is planned in the following country: **France**
- ☒ I am/the patient is ordinarily resident in England and do not have a registered UK issued S1 (including an ongoing application).
- ☐ If a payment has been made for the planned treatment, please confirm if this was for the co-payment? _____

Applications for planned treatment in Switzerland only – see Section 3:

To ensure this is the correct reciprocal healthcare funding route please confirm your reason for travel for planned healthcare (select one), whilst:

- ☒ **Temporary visit** (for planned healthcare only) - provide expected travel dates (From / To): _____
- ☐ **Studying abroad** (provide a letter from your educational institution confirming the start and end dates of your course).
- ☐ **Temporary visit** (including holidays, visiting family or short business trips)
- ☐ **Temporary visit** - Working Abroad (provide a copy of A1 document from HM Revenue and Customs or your employer)

Part 2: Patient and GP Details (Please record clearly, in BLOCK CAPITALS)

Family name	Akhtar	First name(s)	pamela
Date of Birth	10/07/1962	Sex	Female

Telephone number(s)	+447359126218										
Email address	pamelaakhtar2@gmail.com										
NHS number	4	7	6	2	8	7	6	7	6	4	<i>This is normally a 3-3-4-digit format</i>
National Insurance No	W	P	0	1	7	5	7	4	A		
<input checked="" type="checkbox"/> I can confirm, by ticking the box, that the patient is ordinarily resident in England (living lawfully on a settled basis and entitled to receive NHS services) – for more information please see the guidance notes. Address for Permanent / settled residence in England (<i>inc. postcode</i>) <i>for correspondence.</i> 49 broomfield drive cheetam hill manchester, manchester, united kingdom, M80DA											
Are you currently residing at the settled address you have provided above? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If No : Where are you currently residing (address / country)?											
How long have you been there? Since 1999											
How long are you intending to reside there? Forever											
What is the reason for you not currently residing at your settled address in England (e.g., work, study, health, other)?											
GP Name / Registered NHS GP practice (<i>this must be the NHS GP you were registered with at the time of the treatment you are applying for</i>): New colligate medical centres											
NHS GP address (inc. postcode) : 407 cheetham hill road, cheetham, Manchester, M8 0DA											
Please confirm that you have seen your NHS GP for the treatment you are applying for*: Yes: <input checked="" type="checkbox"/> NHS GP Consultation Date: <u>30/05/2025</u> No: _____ <small>*A GP assessment / referral will only be needed if you are being seen for treatment by a secondary care service (hospital or community care). You will not need a GP referral for treatments in a primary care setting (e.g. dental, ophthalmology). A referral to NHS services from a dental or ophthalmic provider is only required if applicable to your application</small>											

Please provide further information if you have seen an NHS dental or ophthalmic provider: no

NHS treatment: Please confirm if you are currently being treated on the NHS for the medical diagnosis and / or treatment plan relevant to this application: ☐ **Yes** ☒ **No**

If YES – provide further details:

Part 3: Nationality – Switzerland only

If you are applying for planned treatment in a country other than Switzerland, please move on to Part 4. If you are applying for planned treatment in Switzerland, please continue to fill in Part 3:

If you are applying for planned treatment in Switzerland, you need to provide proof that you hold:

- UK, Irish, Swiss or EU nationality (or have dual nationality including one of these).
- Or are a stateless person or refugee, living in the UK.
- or are the family member or survivor of someone who holds one of these nationalities or statuses.

a) **Your Status:** Please select which nationality / status **YOU** hold (tick relevant option):

- ☐ UK national
- ☐ Irish national
- ☐ EU national
- ☐ Swiss national
- ☐ Refugee or stateless person (living in the UK)
- ☐ Dual nationality (if includes UK / Irish / EU / Swiss)
- ☐ Other, please provide details (including if you are a 'Norwegian, Icelandic or Liechtenstein national') or have a dual nationality not including one of the above - **then go to 3b**

b) Family Member Status:

If you have ticked 'Other' above (including if you are a Norwegian, Icelandic or a Liechtenstein national) and:

You do not have a UK / Irish / Swiss / EU nationality.

Or

You are a 'Dual national' and one of your nationalities is not UK, Irish, Swiss or the nationality of an EU Member State.

You will not be eligible for planned treatment in Switzerland unless you are a family member of someone with an eligible nationality / status (i.e., family member must have UK / Irish / EU or Swiss nationality), or be a refugee or stateless person (living in the UK)

Please select which nationality / status **YOUR FAMILY MEMBER** holds (tick relevant option):

- | | |
|--|---|
| <input type="checkbox"/> UK / Irish national | <input type="checkbox"/> Stateless person or refugee (living in UK) |
| <input type="checkbox"/> Swiss national | <input type="checkbox"/> None of the above |
| <input type="checkbox"/> EU national | |

What is your relationship to the family member?

- | | |
|--|----------------------------------|
| <input type="checkbox"/> Spouse | |
| <input type="checkbox"/> Civil Partner | If none of these please specify: |
| <input type="checkbox"/> Child | _____ |

c) Acceptable Evidence:

If you are a UK/Irish/Swiss or EU national, please send:

- 1) Evidence of your nationality, for example, a passport or birth certificate.

If you are the family member (e.g., spouse, civil partner or child) of a UK, Irish, EU or Swiss national, or of a stateless person/refugee, please send:

- 1) Evidence of this family relationship, and
- 2) Evidence of the family member's nationality.

If you are a stateless person, please send one of the following:

- 1) A UK issued stateless person travel document.
- 2) A UK Biometric residence permit.
- 3) Official Home office status paperwork.

If you are a refugee, please send one of the following:

- 1) A UK issued refugee travel document.
- 2) A UK Biometric residence permit.
- 3) Official Home office status paperwork.

Part 4: Treating Clinician / Provider Details

Provide details of the main establishment(s) in the country you want to receive treatment in, (in relation to the treatments for which you are applying for funding). If this involves more than one establishment, please provide details on a separate sheet.

Treating clinician name	Dr Marius Nedelcu
Name of establishment	Clinique Bouchard
Address	77 Rue Dr Escat, 13006 Marseille
Country	France
Telephone number(s)	+33 6 95 95 09 65
Email address	casanoel@gmail.com
Fax number	We do not use fax

Provider Declaration:

There is also a provider declaration from that they will need to complete to confirm that they can accept an S2 form, the treatment is in the state healthcare system, they can provide a medical letter, treatment dates and estimated costs and will only charge patients for any co-payment element.

Part 5: Diagnosis / Treatment details (in relation to this application)

What is the DIAGNOSED medical condition for which you are planning to receive treatment(s) abroad?

Morbid obesity

Describe the **TREATMENT(S)** you are planning to receive abroad.

Gastric Sleeve

Obesity - BMI 42.8

The reason for needing the surgery is to bring my bmi down not only so I can have the other surgeries that I am needing on my bladder etc but also to help improve my mobility and my breathing take stress off my lungs and off my whole body not carrying the excess weight this is not a want this is a need and a desperate one from being failed by doctors her

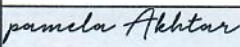
Record the Planned Treatment Dates: **Phase 1 : 06/01/2026 and Phase 2 : 26/01/202**

Part 6: Supporting relevant information (to application)

(continue on a separate sheet if needed)

Part 7: Declaration by the Patient

I declare that all the information provided is correct and complete. I understand and accept that if I knowingly withhold information or provide false or misleading information, I may be liable to prosecution and/or civil proceedings. I consent to the disclosure of all information relating to my application to and by NHS England and NHS Improvement, the Department of Health and Social Care (DHSC), NHSBSA, NHS Counter Fraud Authority and other NHS organisations / external parties, necessary for the processing and verification of this claim and the investigation, prevention, detection and prosecution of fraud. I understand that the NHS is not liable for the care received abroad when funded via the UK S2 route. I also hereby give permission for the person identified as the Applicant in Part 7 and 8 of this form to make this application on my behalf (if applicable).


Name of patient	pamela Akhtar		
Signature of patient		Date	11 Apr 2025

Part 8: Confirmation of the Applicant

Are you (the patient) also the applicant?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No – Please complete Parts 9 & 10
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Part 9: Declaration by the Applicant

I declare that I am applying with the consent of the patient / I am legally empowered to act on behalf of the patient (**delete as appropriate**)

Name of applicant	Dr Marius Nedelcu		
Signature of applicant		Date	23 July 2025

Part 10: Details of the Applicant

Family name	Nedelcu	First name(s)	Marius
Relationship to patient	Authorised Representative for S2 Application	Title	Doctor
Telephone number	+33 6 95 95 09 65	Email	drmariusnedelcu@gmail.com
Applicant's address (for correspondence)	77 Rue Dr Escat, 13006 Marseille		

Part 11: Application Check List

(Please complete and submit this section with your form)

Tick	Documents / checks you need to submit to support the application form
<input checked="" type="checkbox"/>	Residency: Proof of residency documents for your permanent / settled address in England.
	Switzerland: If you are applying to have planned treatment in Switzerland, please submit: Proof of nationality or status (UK, Irish, Swiss or EU nationality; or a stateless person or refugee; or are the family member or survivor of someone who holds one of these nationalities or statuses).
<input checked="" type="checkbox"/>	Medical letter (diagnosis and treatment): Treating clinician's medical letter supporting diagnosis and medical need for treatment. This must be no more than 6 months old and prior to treatment start date, <i>(original copy and English translation required)</i> . Please note supplementary documentation can be included from a UK clinician in support of your application but is not a requirement.
<input checked="" type="checkbox"/>	Medical timeframe: Written support from your treating clinician which states how soon you need your treatment and why (based on their clinical assessment). This is required for the "Undue Delay" criteria <i>(original copy and English translation required)</i> . Undue Delay – is when the NHS cannot provide the treatment / equivalent requested, in a medically justified timeframe, for your diagnosis / condition.
<input checked="" type="checkbox"/>	Provider confirmation: Written confirmation from the treatment provider that they will accept a UK S2, the planned treatment dates & estimated costs.
<input checked="" type="checkbox"/>	Provider declaration: Completed treatment provider declaration form.
<input checked="" type="checkbox"/>	All sections of the application form have been fully completed.
<input checked="" type="checkbox"/>	All Signatures provided on application form <i>(patient / applicant)</i> .
<input checked="" type="checkbox"/>	Security Question and Answer: Q: _____ <i>(please provide for phone call ID verification)</i> A: Clinique Bouchard _____
UK S2 disclaimer This scheme only covers the cost of planned treatment, as agreed with the UK Government. The S2 certificate is not an alternative to comprehensive medical or travel insurance, which may be required to cover the costs of any treatment which an S2 certificate does not specifically authorise. Please keep up to date with information on available funding options on the NHS website at www.nhs.uk by searching for 'healthcare abroad'.	
Signature of applicant confirming you have read and understood the above disclaimer: Signature: <i>pamela Akhtar</i> _____ Date: 11 Apr 2025 _____	

- Where possible, please send your application and supporting documentation by email to: england.europeanhealthcare@nhs.net.
- Please email your documents as a PDF attachment, do not email embedded documents or photographs of documents. If possible, organise documents into one PDF for each "category" (e.g., application form, proof of residence, medical documentation in 3 separate PDFs). This will enable your application to be assessed more quickly.
Please make sure all documents are clear to read and translated.
- Paper documents should be sent to the following address:
European Cross Border Healthcare Team
NHS England, County Hall, Leicester Road, Glenfield, Leicester, LE3 8RA
 Contact email: england.europeanhealthcare@nhs.net
 Contact telephone: 0113 8249653.
- **Please note:** It can take up to 20 working days for a fully completed application to be processed and an entitlement decision to be made.