



ONLINE SERVICES REGISTRATION FORM

Please write clearly

Name _____

Dob _____ Contact Number _____

Email _____

Documents Provided (please supply 2 forms of identification)

Passport		Bank Statement	
Driving licence		Utility Bill	
Birth certificate		Marriage Cert	
Other (please specify)			

Children under 16 and anyone over this age are able to appoint a 'proxy user' with signed consent.

If you would like to appoint a proxy user to access your online account ***instead of you*** please complete the details below

(Parents- please complete this for children under the age of 16)

Name _____ Dob _____

Email _____

Relationship to you _____

What would you like them to have access to? (Please tick)

Appointment booking		Request Medication	
Questionnaires		Summary record access	

Terms and conditions

I understand that it is my responsibility to keep my account secure by keeping my details confidential. I understand that I can terminate my account at any time by contacting the practice or change my log in details by re-registering and that this form will be kept on my electronic records. I understand that my registration will be revoked if I constantly miss or cancel appointments.

PLEASE SIGN BELOW TO SHOW YOU HAVE READ THE TERMS AND CONDITIONS

I consent to the above person having access as a proxy user to my System One online account. And I understand the terms and conditions set out by the practice as above.

Signed _____ Date _____

Please print off this form and bring in to either surgery complete with 2 forms of ID