

PRINCES GARDENS SURGERY

Registration Form Access to GP Online Services PROXY ACCESS for children aged 0 – 10 yrs

CHILD DETAILS

Surname	Date of birth
First name	
Address	
Postcode	
Telephone number	

PROXY USER

Adult acting on behalf of the child

I wish to access to the following below services on behalf of the above-named child.

I have parental responsibility.

Please tick one of the below:

- ☐ I am the birth mother
- ☐ I am the birth father and married to the mother at the time of child's birth or subsequently
- ☐ I am the birth father and *not* married to the mother, but the child
 - ☐ was born after 01/12/2003 *and*
 - ☐ my name is on the birth certificate
- ☐ I am an adoptive parent
- ☐ I am the child's legal guardian
- ☐ I have court-appointed parental responsibility
- ☐ Other – please specify:

I wish to have access to the following online services for the above patient
(please tick all that apply):

Booking appointments	<input type="checkbox"/>
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Requesting repeat prescriptions	<input type="checkbox"/>
Updating contact details (demographics)	<input type="checkbox"/>
Secure online access to the child's electronic GP record	<input type="checkbox"/>

- I will be responsible for the security of the information that I see or download
- If I choose to share information with anyone else, this is at my own risk
- I will contact the practice as soon as possible if I suspect that this account has been accessed by someone without my agreement
- If I see information in the record that is inaccurate, I will contact the practice as soon as possible

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Full Name:	
DOB:	
Address:	
Tel. No:	
Email address:	
	<p>Are you already registered at Princes Gardens Surgery for GP online services?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
Signature:	
Date:	

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For Reception use: ID FOR BOTH PARTIES REQUIRED

Patient NHS number	EMIS ID number	GP
Identity verified by (FULL NAME): Sign: Date:	<u>Patient ID:</u> Tick all that apply: <div>Personal vouching <input type="checkbox"/></div> <div>Vouching with information in record <input type="checkbox"/></div> <div>Birth Certificate or Red Book <input type="checkbox"/></div>	
	<u>PROXY ID:</u> Tick all that apply: <div>Personal vouching <input type="checkbox"/></div> <div>Vouching with information in record <input type="checkbox"/></div> <div>Birth Certificate <input type="checkbox"/></div> <div>Passport or Photo Driving Licence <input type="checkbox"/></div> <div>Proof of residence <input type="checkbox"/></div>	
Advise proxy that the practice will contact to collect registration details if proxy is not already registered for online access Otherwise, proxy will be automatically activated once GP has approved application		