

SYSTEMONLINE APPLICATION FORM

You need to bring along some **photographic proof of identification** (Passport/Driving Licence) to become registered.

To ensure confidentiality we are only able to accept registration in person.

Name.....

Date of Birth.....

Address.....

Home Telephone Number.....

Mobile Telephone Number.....

I consent to receiving patient relevant information via SMS text messaging (please tick)

I have understood and will adhere to Courtyard Surgery's Guidance Policy for the use of 'Systmonline'. It is my responsibility to keep my account secure by keeping my log in details confidential. I understand that I can terminate my account at any time by contacting the surgery, or change my login details by re-registering and that this form will be kept on my electronic record.

Signed..... Date.....

	Please tick
For Staff use only	
Photographic proof received and verified	<input type="checkbox"/>
Contact details checked and updated	<input type="checkbox"/>
Over 16 years of age-or a parent or guardian	<input type="checkbox"/>
SystemOnline registration activated	<input type="checkbox"/>
Internet instructions, log in and password given to patient	<input type="checkbox"/>
Online Patient Service Guidance Leaflet given to patient	<input type="checkbox"/>
Completed by:	Date:
Scanned onto medical record	<input type="checkbox"/>