

ONLINE REGISTRATION & CONSENT FORM

*PLEASE COMPLETE CLEARLY then return to the GP practice or send via email warleymedicalcentre@nhs.net*

***PHOTO ID MUST BE PROVIDED***

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| **PATIENT** |  |
| **DATE OF BIRTH** |  |
| **MOBILE NUMBER** |  |
| **HOME NUMBER** |  |
| **EMAIL ADDRESS** |  |
| **PREFERRED METHOD(S) OF CONTACT***please tick any that apply* |  SMS/Phone Email Post No communication |
| **COPY OF ID ATTACHED** |  Passport Driving Licence Travel Card Full Birth certificate (u16) Other |

*CONSENT TO ACCESS*

* **I consent to Warley Medical Centre enabling me access to SystmOnline facilities.**
* **I agree to Warley Medical Centre using the above details to update my contact information.**
* **I agree to Warley Medical Centre taking a copy of my identification for security of information.**
* **I agree to use the system in a responsible manner and understand that the facilities can be withdrawn at any time if these are not adhered to.**
* **I understand it is my responsibility to keep my username and password secure by not sharing it with anyone else.**
* **I understand that all appointments are audited by the practice and repeated instances of failing to attend appointments or to notify the practice in advance may result in my access being revoked.**
* **I agree that if I see any data which does not relate to me (e.g. email), I will immediately report the matter to the practice.**
* **I understand the use of this service is my own choice and that I can still access services by contacting the surgery by telephone or attending in person.**
* **(Parents/Guardians/Carers) I understand all of the above apply to me as a representative of the named patient. At 16 years of age access will be removed from Parents/Guardians/Carers and the patient will need to apply again for online access in their own name.**

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| **SIGNED:** | **PRINT NAME:** | **DATE:** |
| Delete as appropriate **PATIENT/PARENT/GUARDIAN/CARER** | **Parents/Guardians/Carers; I have parental responsibility and full birth certificate of patient is attached**  |

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| *OFFICE USE ONLY* | *ACCEPTED BY:* |