



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

1) CHILD aged 0-10 DETAILS

Surname:	Date of birth:
First name:	Age:
Address:	
Postcode:	
Mobile Number:	Telephone number:
Email Address:	

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 my appointments	<input type="checkbox"/>
Requesting my repeat prescriptions	<input type="checkbox"/>
Access to my Core Summary Record (medications and allergies)	<input type="checkbox"/>
Accessing my detailed coded medical records	<input type="checkbox"/>

PROXY USER

- 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 not about the child, or inaccurate, I will contact the practice as soon as possible

PROXY USER 1 DETAILS

Full Name:	
DOB:	
Address:	
Mobile No.	
Telephone No.	
Email address:	
	Are you already registered at Oakfield Health Centre for GP online services? <input type="checkbox"/> Yes <input type="checkbox"/> No
Relationship to patient:	
Signature:	
Date:	

For Reception use: ID FOR BOTH PARTIES REQUIRED

Patient NHS number	EMIS ID number	GP
Identity verified by (FULL NAME): Sign:	Patient ID: Tick all that apply:	
	Personal vouching <input type="checkbox"/> Vouching with information in record <input type="checkbox"/> Birth Certificate or Red Book <input type="checkbox"/>	
Date:	PROXY ID: Tick all that apply:	
	Personal vouching <input type="checkbox"/> Vouching with information in record <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Passport or Photo Driving Licence <input type="checkbox"/> Proof of residence <input type="checkbox"/>	

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