

# THE WELLINGTON PRACTICE

## 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"/>
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

# THE WELLINGTON PRACTICE

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

---

**For Reception use: ID FOR BOTH PARTIES REQUIRED**

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