 **Church Lane Surgery**

**Application for Parental/Guardian Proxy Access to online services**

**(Under 11 years)**

*Please complete this form in block capitals and tick as appropriate*

**Parent/Guardian Details**

|  |  |
| --- | --- |
| Surname | Date of birth |
| First name | |
| Address  Postcode | |
| Email address | |
| Telephone number | |
| Mobile number | |
| Select your preferred method of contact: Text / Email/ Letter (please delete as appropriate) | |
| Do you already have a SystmOnline account of your own? | Yes  No  |

**Child’s Details**

|  |  |  |
| --- | --- | --- |
| Surname |  | Date of birth |
| First name | | |
| Address (tick if same as above)     Postcode | | |
| Email address | | |

**I wish to have access to online services which includes:**

|  |  |
| --- | --- |
| Booking appointments  Requesting repeat prescriptions  View my summary care record (medications, allergies and sensitivities) |  |

**Please read and confirm you understand and agree with each statement:**

|  |  |
| --- | --- |
| I have read and understood the information leaflet provided by the practice |  |
| I will be responsible for the security of the information that I see or download |  |
| I will not share this information with anyone else |  |
| I will contact the practice as soon as possible if I suspect that this account has been accessed without permission |  |
| If I see information in this record that is about someone else or is inaccurate, I will contact the practice as soon as possible |  |
| *Proxy access will cease automatically when the child reaches 11 years of age* |  |

Signature

Date

# 

# For practice use only

|  |  |
| --- | --- |
| Patients NHS number (Childs) | |
| Parent/Guardian Identity verified by (initials) | Date |
| Method of ID Photo ID and proof of residence    (passport or photo driving licence AND or one official letter bearing patients name and address dated within the last three months from any of the following: bank, building society, local council, utility company or landline telephone provider.(Note: a photographic driving licence will suffice for both photo ID AND proof of address) | |
| Child’s Identity verified by (initials) | Date |
| Method of ID Photo ID and proof of residence    (passport or photo driving licence AND or one official letter bearing patients name and address dated within the last three months from any of the following: bank, building society, local council, utility company or landline telephone provider.(Note: a photographic driving licence will suffice for both photo ID AND proof of address) | |
| Relationship to child verified by  (initials) | Method |
| Level of record access enabled:  Standard Access   Access Declined  | Reason for decline:  Insufficient ID   Referred to GP  |
| Completed by (initials) | Date |