



Application for online access services.

Surname:	Date of birth:
First name:	
Address inc. Postcode:	
Email address:	
Telephone Number:	Mobile Number:

I wish to have access to online services for **booking appointments** and **requesting repeat prescriptions** and **I accept the conditions of use as set out below.**

Signature:	Date:
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Conditions of Use:

- The registering patient has to collect the confirmed login details from the practice in person & maybe asked for proof of ID.
- You can use the service to book **single** appointments with the GPs. If you require a longer appointment or wish to see someone else in the practice please contact us during normal surgery hours.
- This service cannot be used to book appointments for any of the nurse’s services.
- Access to the service is provided on the condition that you keep your appointments. Repeated failure to attend will result in the withdrawal of access to the service.
- Abuse of the service e.g. booking and late cancellation of appointments will result in withdrawal of access to this service.
- Passwords/ logon credentials should be kept secret. Do not pass the details of passwords on to anyone else.
- If you think someone knows your password, you must contact the surgery at the first opportunity so that we can suspend your access to the system and provide you with new user credentials.
- The practice cannot guarantee that the SystmOne online service will be continuously available- if you discover the service is not available please contact the surgery to alert us.
- Failure to comply with any of the above conditions will result in revocation of access to the service.
- **This service is only available to patients age 16 and over.**
- For prescriptions ordered before 12pm, please allow 48 hours before collection. Requests made after 12pm, please allow 48 hours from the next working day before collection.

For practice use only:

<i>Identity verified by:</i>	<i>Date:</i>	<i>Method:</i> Vouching <input type="checkbox"/> Vouching with information in record <input type="checkbox"/> Photo ID & proof of residence <input type="checkbox"/>
<i>Date accounted created & passphrase given to patient:</i>		