**WILLERBY AND SWANLAND SURGERY**

**ONLINE ACCESS REQUEST FORM**

**(this form is NOT to be used for proxy access)**

Please complete this in BLOCK capitals and bring to our Reception with the relevant documentation.

We will normally process your access request straight away (this will be more likely if you are able to avoid our busiest times between 8.00-8.30 and 11.30-12.00)

|  |  |
| --- | --- |
| Your full Name |  |
| Your Date of Birth |  |
| Your full Address  |  |
| Your home telephone |  |
| Your mobile telephone |  |
| Your email address |  |

Please bring with you a form of photo ID and proof of address as listed below: The reception team will verify and note the document number

|  |  |  |  |
| --- | --- | --- | --- |
| **Document type** | **Document number** | **Document type** | **Document number** |
| Photo drivers licence |  | Passport |  |
| Bus pass / Rail card |  | Student ID card |  |
| EU identity card |  | Other (please state) |  |
| **Proof of address documents must be less than 3 months old.** |
| Bank/Building Society statement |  | Gas or Electricity bill |  |
| Mortgage statement |  | Phone bill (NOT mobile) |  |
| Water bill |  | Council tax bill |  |
| Benefit Agency letter |  | Rent agreement |  |

I wish to apply for online access for my own personal health records. I understand that I will be responsible for the security of my access and that the practice may withdraw this access in event that my security or use of this service is compromised.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Practice use

|  |  |
| --- | --- |
| Date received |  |
| Documents verified by |  |
| PIN/ID issued |  |
| Scanned |  |
|  |  |