Twyford Surgery
Registration Form Access to GP Online Services - Children Under 11

If as a parent you are applying for access to your child's records, please confirm your parental responsibility. At least one of the following must apply and your parental rights must not have been removed by the courts. Please tick to indicate which apply:

- ☐ Your name is on the birth certificate.
- ☐ If you are the father, you were married to the mother at the time of birth.
- ☐ You have been granted parental rights by the courts.
- ☐ If you are the father, you have the agreement of the mother.

Signature of Parent:	Date:

Patient

This is the person whose records are being accessed

Date of Birth:	Age:	NHS No:
First Name:		
Middle Names:		
Surname:		
Address:		
Postcode:		

The Representative

This is the person seeking proxy access to the patient's online records

Date of Birth:	NHS No:	Title:
First Name:		
Middle Names:		
Surname:		
Address:		
Postcode:		
Email Address: This email address will be added to the patient / child record		
Mobile:		
Relationship to Patient:		

For Practice Use Only

Patient Details

Patient's NHS Number:	Date Patient Registered:
Identity Verified By (Print Name):	
Date Verified:	

Method:	Vouching with information in record:	☐
	Birth Certificate	☐
	Passport	☐
	Bank Statement	☐
	Other (Please record)	☐

Representative Details:

Representatives NHS Number:	Date Patient Registered:
Identity Verified By (Print Name):	
Date Verified:	

Method:	Vouching with information in record:	☐
	Birth Certificate	☐
	Passport	☐
	Driving Licence	☐
	Bank Statement	☐
	Other (Please record)	☐

Online Services Access Set up By (Print Name):	
Signature:	
Date:	
Email Confirmation Sent to Representative Confirming Set Up:	Yes / No