

## Parent / Carer Registration Form for Online Services

### Appointment Booking and Cancellation

- Patients can book GP & Nurse appointments online, up to 6 weeks in advance
- Only 1 online appointment can be booked at any time
- Online appointments may be cancelled online if no longer needed. Please ensure you cancel any unwanted appointments as soon as possible
- You can check online to see any appointments you have booked

### Repeat Prescription Requests

- You can check online to see what repeat medication is currently authorised for you to re-order
- You can re-order your repeat medications online
- You can check to see whether your request has been accepted or rejected online before you collect your prescription
- You should allow 48 hours from submitting a request before collecting it
- Any current arrangements you may have for sending your prescription directly to your chosen pharmacy will continue to apply
- If you would like to collect your prescription in person, please specify which surgery you wish to collect it from

### View Test Results (not currently available)

- You can check online to see the results of any recent tests you may have had
- You will continue to be informed directly, by the practice, of any test results which require further action
- You must understand that you may see these results online before the practice has been able to contact you

### Who can apply?

- Patients must be aged 16 years or over to register for an online account. *If you are applying for an online account for yourself please ask for the "Patients Registration form"*
- Parents (or those with parental responsibility) may apply for an account on behalf of their children where both parent and child are registered at the practice, and the child is aged under 12. **Please note - online access will be ended at age 12.** *Please use this form*
- Carers may apply on behalf of patients they care for where both are registered at the practice and the carer has legal power of attorney for the patient or has been given explicit patient consent. *Please use this form*

**I would like to register to use the practice’s online services:**

a) Online Appointments b) Online Repeat Prescriptions c) Online Test Results (when available)

1. I agree to use the system in a responsible manner in accordance with all instructions given to me by the practice. If not, access may be withdrawn.	YES
2. I agree that it is my responsibility to keep secure the username and passwords I will be given. If I think these have been shared inappropriately I will reset them using the instructions supplied.	YES
3. I agree that my details below may be used to contact me with information about my online account and the online services I use. I agree that I may also be contacted about how useful I find the services and whether they could be improved.	YES
4. I agree that online services are provided at the discretion of the practice, and may be withdrawn by the practice at any time.	YES
5. I understand that I cannot use this service as a means of communication with the surgery for other purposes and will not use it for urgent matters.	YES
6. I agree to inform the practice immediately if I no longer have responsibility for the patients care	YES

**Patient details**

Surname	
First Name	
Date of Birth	
Address	
Post Code	

**Patient / Carer’s details**

Parent / Carer’s Surname	
Parent / Carer’s First Name	
Address	
Post Code	
Telephone Number	
Mobile Number	
Email*	
Relationship to patient	
Has given authority for carer to access online services on behalf of the patient?	Please see written consent attached
	Or please specify other authority e.g. Parental Responsibility / Power of Attorney

\*If this address is shared with others please consider whether you agree that it can be used to send you confidential information about your account / the services used.

To be signed at reception by Parent / Carer .....

Date: .....

For practice use only      Photo ID checked      .....      . Passport / Driving Licence