

{Kindly submit this form in person along with your Photo ID}



**Staploe Medical Centre**  
**Registration form for SystemOnline**

Patient Name ..... Date of Birth .....

Address .....

Telephone No: Home: ..... Mobile.....

Please tick here  if you do NOT wish to subscribe to our SMS reminder service for appointments.

You may request access to SystemOnline for your children under the age of 14 that are living with you at your registered home address. Please list any children that you would like access for OVER THE PAGE.

A combination of the following can be accepted as identification. At least one **MUST** be a photo ID, along with one document containing your address:

**One of the Following Photo ID**

Photocard Driving Licence  Passport  Bus Pass

**One of the Following Proof of Address**

Local authority rent card  Paid Utility bills  Bank/Building Society Statement  Pay slip  P60   
Papers from a government department  Letter from benefit agency  House or motor insurance certificate

To ensure confidentiality we are only able to accept registrations in person – i.e. you cannot give your details to anyone else to register for you

The following documents **WILL NOT** be accepted as proof of identity

- Library card
- Video rental card
- Health club card
- Private rent card
- Birth Certificate (Adult patient)

**Patient Consent Form**

I consent to the practice providing me with the online facility to book/cancel appointments and order repeat prescriptions through **SystemOnline**. It is my responsibility to keep my account secure by keeping my log in details confidential. I understand that I can terminate my account at any time by contacting the surgery, or change my log in details by re-registering, and that this form will be kept on my electronic records. I would use this service responsibly and in the case of any abuse of the service, Staploe Medical Centre can prevent me from accessing the service by stopping the username and password from working. Examples of irresponsible use of the system may include, but are not limited to:

- Registering at a GP practice outside your catchment area
- Booking appointments you have no intention of attending
- Repeatedly booking and then cancelling appointments
- Repeatedly requesting prescriptions that you do not need

The practice is committed to protecting my privacy online. The personal information I enter on this website is strictly controlled. Information entered is available only to members of staff with appropriate access rights at Staploe Medical Centre - i.e. those managing appointment booking, repeat prescribing and patient registration. Patient's personal information will not be shared with any third parties. Patient's personal information will not be sold to any third parties.

Patient Sign ..... Date .....

**Surgery staff to complete:**

ID Confirmed (tick above ID types to confirm ID seen)  Instructions & Login given  Details updated on SystemOne

Staff Name & Signature ..... Date .....

**Completed document to be scanned onto patient records under 'Online access'. Copies of patient photo or proof of address ID will NOT be stored either in paper form or electronically.**

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Child's full name ..... Date of Birth .....

**Surgery staff to complete:**

**Address and relationship confirmed as registered user on page one**  **Instructions & Login given**

**Details updated on SystemOne**

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