



SOLENT VIEW MEDICAL PRACTICE

Registration Form Access to GP Online Services
PROXY ACCESS for children aged 0 – 10 years

CHILD DETAILS

Surname	Date Of Birth
First Name(s)	
Address	
Postcode	

PROXY USER

Adult acting on behalf of the child

I wish to access the following below services on behalf of the above named child

I have parental responsibility

Please tick one of the below:

- ☐ I am the birth mother
- ☐ I am the birth father and married to the mother at the time of the child's birth
- ☐ I am the birth father and **not** married to the mother, but the child was born after 1st January 2003 and my name is on the birth certificate
- ☐ I am an adoptive parent
- ☐ I am the child's legal guardian
- ☐ I have court appointed parent responsibility
- ☐ Other* please specify:

*Unmarried fathers who are not named on the birth certificate do not have automatic parental responsibility. However, they can acquire parental responsibility if they obtain a Parent Responsibility Agreement from the child's mother, or a parental Responsibility Order from the court

**I wish to have access to the following online services for the above patient
(Please tick all that applies):**

Booking appointments	
Requesting repeat prescriptions	
Updating contact details (demographics)	

- I will be responsible for the security of the information that I see or download

- If I choose to share information with anyone else, this is at my own risk
- I will contact the practice as soon as possible if I suspect that this account has been accessed by someone without my agreement
- If I see information in the record that is inaccurate I will contact the practice as soon as possible

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Full Name	
Date Of Birth	
Address	
Telephone No.	
Email Address	
Are you already registered at Solent View Medical Practice for GP online Services? Yes / No	
Signature	
Date	

For Reception Use: ID FOR PROXY USER

Patient NHS Number	
Patient Emis Number	
Registered GP	
Proxy ID	☐ Personal Vouching ☐ Vouching With Information In Record ☐ Birth Certificate ☐ Passport or Photo Driving Licence ☐ Proof of Residence
Identity Verified By (Full Name)	
Signature	Date

Authorised By	Date

Advise proxy that the practice will contact to collect registration details if proxy is not already registered for online access. Otherwise proxy will be automatically activated once GP has approved the application