**APPLICATION FOR PROXY ACCESS**

**(Child under 16)**

|  |
| --- |
| Title Date of Birth  |
| Surname Forename(s) |
| Previous EmailSurname |
| Home House Name/FlatAddress  |
|  No and Street |
|  Town  |
|  Postcode  |

**I have parental responsibility for the above child and wish to access online services and**

**I wish to have access to the following online services (please tick all the apply):**

|  |  |
| --- | --- |
| 1. Booking appointments
 |  |
| 1. Requesting repeat prescriptions
 |  |
| 1. Accessing my Summary Care Record
 |  |

|  |  |
| --- | --- |
| Full Name: | Signature: |
| Email Address: | Date: |

|  |  |
| --- | --- |
| Home Tel:  | Work Tel: |
| Mobile:  | Other Tel:  |

**FOR PRACTICE USE ONLY**

|  |  |
| --- | --- |
| Patient NHS Number: | Practice computer ID number: |
| Identity verified by: Date: (Initials) | Method: Vouching Vouching with information in record Photo ID and proof of residence |
| Authorised by: | Date: |
| Date Account created: |  |
| Date passphrase sent: |  |
| Level of record access enabled: Prospective Retrospective All Limited parts Contractual minimum | Notes/explanation: |