cid:image001.png@01CF9862.86871390**Application for Access to Online Services**

There are different options for patients to access online information and GP services. If you use the NHS App **there is no need to contact us to register.** Set up is quick and simple, most people have their access approved within 2 hours and it doesn’t need to involve the practice. Visit <https://www.nhs.uk/nhs-app/> to find out more and get set up.

If you are having problems getting access to the NHS App or another online App and have been told you require a password, linkage Key and/or ODS code please complete the following application form and present it to the receptionist or email it to [ddicb.admin.staffahealth@nhs.net](mailto:admin.staffahealth@nhs.net). It should be **accompanied by two forms of ID** one which has a photograph and another that has proof of your address. A photograph of your ID sent by email is acceptable.

|  |
| --- |
| First name: |
| Surname: |
| Date of birth: |
| Email address (essential to access online services): |
| Home Telephone number: |
| Mobile telephone number: |
| Address:  Postcode: |
| Any comments you wish to make or reason for application: |

|  |  |  |
| --- | --- | --- |
| **Please read and agree with each statement (please state ‘Yes’ to all that apply):** | | **Agree** |
| 1. I have read and understood the information leaflet provided by the practice | |  |
| 2. I am responsible for the security of the information that I see or download | |  |
| 3. If I choose to share my information with anyone else, this is at my own risk | |  |
| 4. I will contact the practice as soon as possible if I suspect that my account has been accessed by someone without my agreement | |  |
| 5. If I see information in my record that is not about me or is inaccurate, I will contact the practice as soon as possible | |  |
| Signature: | Date: | |

# For practice use only

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| --- | --- | --- | --- |
| **Patient NHS number:** | | | |
| **Identity verified by (name):** | |  | |
| **Date verified:** | |  | |
| **Method of checking identity:** | | | |
| Photo ID and proof of residence | State type of ID documents checked**:**  ***PLEASE NOTE 2 FORMS OF ID ARE REQUIRED, ONE WITH A PHOTOGRAPH AND ANOTHER WITH THE CORRECT ADDRESS. IF THIS CANNOT BE PROVIDED PLASE USE INFORMATION FROM THE RECORD TO CONFIRM IDENTIFY*** | | |
| If cannot provide documents above use conformation of information from medical record (vouching) | Include details of questions asked: | | |
| Access in SystmOne authorised by (name): | | |  |
| Date account created and PIN/passphrase given: | | |  |
| Date access granted from (should always be todays date) | | |  |
| Notes / explanation: | | | |