**GP ONLINE SERVICES REGISTRATION (ADULT)**

In order to access GP Services Online, please complete the below form and return it to our

IT support team.

Please note you will be required to show proof of ID or video call to verify your identity.

|  |  |
| --- | --- |
| Name |  |
| Date of Birth |  |
| ADDRESS: |  |
| HOME TELEPHONE: |  |
| MOBILE: |  |
| EMAIL ADDRESS:**NB MUST ALL HAVE** **INDIVIDUAL EMAIL****ADDRESSES** |  |

|  |  |
| --- | --- |
| I give consent for my login details to be emailed to me: | [ ] YES [ ]  NO |
| I would prefer to collect my login details in person: | [ ] YES [ ] NO |
| I am aware that I am responsible for thesecurity of the information I see or download. | [ ] YES [ ] NO |
| I will contact the practice as soon as possible if I suspect my account has been accessed by someone without myagreement. | [ ] YES [ ]  NO |

|  |  |
| --- | --- |
| ID Verification seen to be completed by Farnham Park Health FPHG Team Member | ID Verified[ ] YES [ ]  NO\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |