**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 the  security 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 my  agreement. | YES  NO |

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