

SYSTMONLINE APPLICATION FORM

You need to bring along some **photographic proof of identification** (Passport/Driving Licence) to become registered.

To ensure confidentiality we are only able to accept registration in person.

Name:

Date of Birth:

Address:

Home Telephone Number:

Mobile Telephone Number:

Email Address:

I consent to receiving patient relevant information via SMS text messaging (please tick)

I consent to receiving patient relevant information via Email (please tick)

I have understood and will adhere to Courtyard Surgery's Guidance Policy for the use of 'Systmonline'. It is my responsibility to keep my account secure by keeping my log in details confidential. I understand that I can terminate my account at any time by contacting the surgery, or change my login details by re-registering and that this form will be kept on my electronic record.

Signed..... Date:

Please tick

For Staff use only

Photographic proof received and verified

Contact details checked and updated

Over 14 years of age - or a parent or guardian

SystmOnline registration activated

Internet instructions, log in and password given to patient

Online Patient Service Guidance Leaflet given to patient

Completed by: Date:

Scanned onto medical record