

WILLERBY AND SWANLAND SURGERY

ONLINE ACCESS REQUEST FORM (this form is NOT to be used for proxy access)

Please complete this in BLOCK capitals and bring to our Reception with the relevant documentation. We will normally process your access request straight away (this will be more likely if you are able to avoid our busiest times between 8.00-8.30 and 11.30-12.00)

Your full Name	
Your Date of Birth	
Your full Address	
Your home telephone	
Your mobile telephone	
Your email address	

Please bring with you a form of photo ID and proof of address as listed below: The reception team will verify and note the document number

Document type	Document number	Document type	Document number
Photo drivers licence		Passport	
Bus pass / Rail card		Student ID card	
EU identity card		Other (please state)	
Proof of address documents must be less than 3 months old.			
Bank/Building Society statement		Gas or Electricity bill	
Mortgage statement		Phone bill (NOT mobile)	
Water bill		Council tax bill	
Benefit Agency letter		Rent agreement	

I wish to apply for online access for my own personal health records. I understand that I will be responsible for the security of my access and that the practice may withdraw this access in event that my security or use of this service is compromised.

Signature: _____ Date: _____

Practice use

Date received	
Documents verified by	
PIN/ID issued	
Scanned	