Proxy Access Application Form A

# For children aged under 11 years

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**Child’s Details**

|  |  |
| --- | --- |
| Name:  | Date of Birth: |
| Address: |

**Parent/Carer Details** (Requesting proxy access to online services for the patient named above)

*We need these details to be able to trace your existing online user account*

|  |  |  |
| --- | --- | --- |
| Family Name:  |  |  Given Name: |
| Mr [ ]  Mrs [ ]  or ………………. | Male [ ]  Female [ ]  or …………….….. |  Date of Birth: |
| Address: |
| Registered at: Beechwood Medical Practice [ ]  Other Practice [ ]  ……………………………………….. |
| Email address: Consent to email registration details [ ]  (*if registered at another practice)* |
| Relationship to child above: Mother [ ]  Father [ ]  Carer [ ]  Other family member [ ] ………………… |

|  |  |
| --- | --- |
| Signature of parent/carer: |  Date: |

**Proxy access will be given to:**

* Book/cancel appointments
* Request repeat medication
* View the core medical record (test results, consultations, medications, allergies etc)
* View immunisations information

If you are registered with us, access will be added to your existing Online Services account – you will be able to switch to child/cared for person’s account via Linked Users (in drop-down menu under your name). If you are registered elsewhere, we will email you the registration document you need in order to link your account to our practice patient.

***Please hand this form to reception – if your request is not actioned within 1 week then please contact us***

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# Identity Verification: Practice use only *(staff member to complete when giving registration details to patient)ONLY ID CHECK IF PROXY ACCESS IS FOR PATIENTS DO NOT LIVE AT SAME ADDRESS OR AREN’T REGISTERED AT BEECHWOOD MEDICAL PRACTICE. CHILDREN AND PARENTS AT THE SAME ADDRESS DO NOT NEED TO BE ID CHECKED.*

|  |  |
| --- | --- |
| Identity verified byStaff Member Name:……………………..Signature:………………………………... | Responsibility for child verifiedParent/Carer ID seen [ ]  …………………………Child’s passport/birth certificate seen [ ]  ………………… |