

SYSTEMONLINE 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 Tel No: Mobile Tel No:

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 Riverside Surgery's Guidance Policy for the use of 'SystemOnline'. 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:

For Staff use only Please tick

Photographic proof received and verified

Contact details checked and updated

SystemOnline registration activated

Log in and password given to patient SMS Email Printout

Completed by: Date:

Scanned onto medical record