

SYSTEMONLINE APPLICATION FORM (under age 14)

Children aged 14 and above require their own online access – please request the adult form from the surgery

Name: Date of Birth:

Name of Parent requiring SystemOne Access

Date of Birth:

Address:

Home Tel Number: Mobile Tel 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 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

Contact details checked and updated

Under 14 years of age

SystemOnline registration activated

Log in and password given to patient SMS Email Printout

Completed by: Date:

Scanned onto medical record