## Access to GP ONLINE SERVICES

In order for Access to be given Identity **must** be verified, please provide one of the following for verification:

* Passport P
* Photo Driving Licence
* National Identity Card.

|  |  |
| --- | --- |
| **Surname** |  |
| **First name** |  |
| **Date of birth** |  |
| **Address** |  |
| **Postcode** |  |
| **Email address** |  |

**I wish to have access to the following online services (tick all that apply):**

|  |  |
| --- | --- |
| Booking appointments | 🞏 |
| Requesting repeat prescriptions | 🞏 |
| Accessing Test Results, Immunisations and Problems | 🞏 |

**For practice use only**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Identity Verified By:(Please Tick) | Vouching |  | Photo ID |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Verified By | Name: | Signature: | Date |

|  |  |
| --- | --- |
| Scanned to Record By: |  |
| Date scanned: |  |
| Use Read Code | Xabui |