**Moorside Surgery**

370 Dudley Hill Road

Bradford

BD2 3AA

01274 643576

**Application form to use SystmOnline**

FOR CONFIDENTIALITY/SECURITY REASONS WE ARE ONLY ABLE TO ACCEPT REGISTRATIONS IN PERSON WITH PROOF OF IDENTIFICATION. BY PROVDING YOUR MOBILE NUMBER YOU ARE CONSENTING TO RECEIVING TEXT MESSAGES FROM THE PRACTICE.

**Name………………………………………………………………………………………………………….**

**Date of Birth………………………………………………………………………………………………….**

**Address………………………………………………………………………………………………………..**

**…………………………………………………………………………………………………………………..**

**Home Telephone Number……………………………………………………………………………………**

**Mobile Telephone Number…………………………………………………………………………………..**

**Email Address…………………………………………………………………………………………………**

I understand that it is my responsibility to keep my login details confidential and account details secure. I can terminate my account at any time by contacting the surgery or change my log in details by re-registering and that this form will be kept on my medical records. By signing this document I am consenting to signing up for SystmOnline and the text messaging service.

**Signed …………………………………………….… Dated …………………………………………**

**For office staff only.**

IDENTIFICATION PROVIDED PASSPORT DRIVING LICENCE OTHER

IDENTIFICATION DETAILS

IDENTIFICATION SEEN BY:

LOG IN DETAILS READY FOR PATIENT TO COLLECT FORWARDED FOR SCANNING

PROCESS COMPLETED BY: