Proxy Application for online access **(Child over the age of 13 and so must sign a consent form)**

THIS ACCESS WILL CEASE ONCE THE PATIENT REACHES THE AGE OF 16

<table>
<tr><td colspan="2">Name of Person for whom Proxy Access is being sought</td><td></td></tr>
<tr><td colspan="2">SURNAME</td><td>D.O.B</td></tr>
<tr><td colspan="3">FIRST NAME</td></tr>
<tr><td colspan="3">ADDRESS</td></tr>
<tr><td colspan="3">EMAIL ADDRESS</td></tr>
<tr><td>TELEPHONE NUMBER</td><td colspan="2">MOBILE NUMBER</td></tr>
<tr><td colspan="3">I/We wish to have proxy access to the following online services (please tick all that apply)</td></tr>
<tr><td>1. Booking appointments</td><td colspan="2"></td></tr>
<tr><td>2. Requesting repeat prescriptions</td><td colspan="2"></td></tr>
<tr><td>3. Receive Text Messages</td><td colspan="2"></td></tr>
<tr><td colspan="3">I/we wish to have access to book appointments and request repeat prescriptions. I/we will contact the practice as soon as possible if I/we suspect this proxy account has been accessed by someone else without my /our agreement. I/we know we can see the Trinity Medical Centre Privacy Notice on the website or in the waiting room.</td></tr>
<tr><td colspan="3">I/we are the parent/guardian/carer of the person named above</td></tr>
<tr><td colspan="2">Signature of parent/guardian (if joint parental responsibility then both parents are requested to give signed consent)
Name: Signature:</td><td>Date</td></tr>
<tr><td colspan="3">ADDRESS</td></tr>
<tr><td colspan="3">EMAIL ADDRESS</td></tr>
<tr><td>TELEPHONE NUMBER</td><td colspan="2">MOBILE NUMBER</td></tr>
<tr><td>I/we give consent for the document to register for online services to be sent to the first parent's e-mail address shown on this form</td><td colspan="2">Signature and date</td></tr>
<tr><td colspan="2">Signature of parent/guardian/Carer (if joint parental responsibility then both parents are requested to give signed consent)
Name: Signature:</td><td>Date</td></tr>
<tr><td colspan="3">ADDRESS</td></tr>
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<tr><td><u>For office use only</u></td><td colspan="2"><u>Staff member to complete below</u></td></tr>
<tr><td>Proof of ID given</td><td colspan="2">Yes(please specify</td></tr>
<tr><td>Identity Confirmed</td><td colspan="2">Yes (please initial)</td></tr>
<tr><td>Consent from child over 13 has been signed and proof of identity seen</td><td colspan="2">Print name and sign</td></tr>
<tr><td>On line registration documents printed/emailed and e-mail verified in patient's record</td><td colspan="2">Print name and sign</td></tr>
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