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APPLICATION FOR AN EMIS ACCESS ACCOUNT

** one application form per patient is required **

I would like to apply for an EMIS Access Account which gives me the ability to book routine GP appointments over the internet.

Surname	
First Name(s)	
Address <i>(including post code)</i>	
Date of Birth <i>(You must be 16 years or over to qualify for this service)</i>	
<u>Contact Information</u>	Tel Home:
	Tel Work:
	Tel Mobile:
	E-mail:

Please tick one:

I will collect the letter containing my account details from reception in person, and will bring an appropriate form of photo identification (**ADVISED**).

I would like to nominate a friend / relative / carer to collect my account details on my behalf. I understand that the person collecting my details will have access to my confidential account information and I take full responsibility for any misuse of my account or breaches of confidentiality that may occur as a result. The full name of the person I nominate to collect my account details on my behalf is:

.....

Please continue on next page.

I have read and agree with all the terms and conditions of use as detailed on the EMIS Access Information Sheet available from reception or the web site.

Signed
Print Name
Date

Please return this form to the Surgery, for the attention of the Practice Manager, for processing. Please allow at least 5 working days for your account to be set up before collecting your letter.

For Office Use

Date Application Received:	
Date Service Activated:	
Account Details Collected By:	Patient Nominated Representative (as named above)
ID Confirmed By:	
Date:	