**Stanley Health Centre**

**www.stanleyhealthcentre.nhs.uk**

Lake Lock Road Stanley Wakefield WF3 4HS Tele: 01924 822328

*(Online printed copy)*

I would like to register for Online access. On completion of this form **I will provide photo I.D**. and agree to collect my password from reception 2 days later. (Passwords not collected will be destroyed after 4 weeks)

|  |
| --- |
| Name: |
| Address: |
| Date of Birth: |
| Tele Number:  Mobile Number: |
| Would you like   * Text appointment reminders to your mobile telephone? YES 🞏 NO🞏 * Access to online services? YES 🞏 NO🞏 |
| Email Address: |
| Signature: |
| Today’s Date: |
| **Admin use only:**  I.D.Seen by Reception 🞏 Type: Password Generated 🞏    Signed by Reception: |