**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: |