



Registration Form - Patients aged 0-18 yrs

DATE FORM COMPLETED:	
Does your child have any allergies, including allergies to any medicines? If yes, please give details.	
Y N	
Has your child had measles or been vaccinated against measles with a full course of MMR or measles vaccines?	
Y N Please give details and dates:	

CHILD'S GENERAL INFORMATION			
Title:		First name and middle names:	
Surname:		Town and country of birth:	
Date of birth:		Sex (please circle):	M F
Address (including flat no.):	Who else lives in this household?		
Name of nursery or school attended:	Is your child a lone or partial carer for someone? If yes, please specify: Y N Name of person:		
Adult Name:		Do you consent to allow The Walcote Practice to text non clinical information and reminders regarding your child to your mobile number? Y N	What is your main language?
Relationship to child:			What is your child's main language?
Adult home tel :			
Adult work tel no:			
Adult mobile no:			
Adult email:			Are you happy for us to contact you by email? Y N
Are you happy to have messages left regarding your child on the following no.s? Home tel no: Y N Mobile tel no: Y N		Do you or your child require an: - Interpreter? Y N - Sign language support? Y N	Ethnicity of child: <i>Please see the final page for further information</i>
As a result of a sensory loss, impairment or disability, do you or your child require information to be presented in any particular format or do you require any support to help us best communicate with you/ your child? Please explain how we can assist (<i>please see the final page for further information</i>).			

EMERGENCY CONTACT DETAILS	Tick here to allow The Walcote Practice to contact in case of emergency	<input type="checkbox"/>
Full name:	Address:	
Relationship to child:		
Home tel:		
Mobile tel:		

HOW DID YOU FIND OUT ABOUT/DECIDE TO REGISTER WITH THE WALCOTE PRACTICE? (please tick)		
<input type="checkbox"/> Word of Mouth - from whom (eg a friend)?	<input type="checkbox"/> Advert - where?	<input type="checkbox"/> Other - where?
NHS/OVERSEAS GP (please also stay registered with your NHS GP in order to access out of hours services)		
GP name:	GP address:	
GP tel no:		
Child's NHS number:		

Please sign T & Cs overleaf. For details on how we process your/your child's personal data, see Page 4.

Terms & Conditions

1. The Walcote Practice will provide medical services in line with best practice guidelines issued by professional regulatory bodies.
2. Our doctors practise in line with the General Medical Council's Duties of a Doctor and will only provide care which is deemed safe and clinically appropriate. Where examinations and procedures are contemplated for your child, the doctor may ask you to sign a consent form after full counselling.
3. The Walcote Practice will fully comply with current Data Protection legislation. Your and your child's personal and/or medical information will be stored and maintained under the provisions of the General Data Protection Regulation (GDPR) 2016 and the Data Protection Act 2018, and in compliance with our Policies & Procedures.
4. To the best of your knowledge, you have provided full and accurate details requested in this Registration Form.
5. You agree to pay fees for the services provided. Payment is due on the day of consultation and can be made by cash, credit or debit card. Cheques are not accepted as a form of payment.
6. Pathology tests, imaging and the cost of medicines will be invoiced as separate items and will incur fees in addition to the basic cost of the consultation. You will be made aware of any additional costs before proceeding with investigation or treatment.
7. Our prices will be published in print and online in our Schedule of Fees. The Walcote Practice reserves the right to change our prices as may be appropriate from time to time.
8. Walcote Health Ltd reserves the right to receive any outstanding payments which you may owe for reasons including but not confined to lack of payment, underpayment, declined payment or an invalid payment. Walcote Health Ltd has the right to pursue any outstanding payment, including via the small claims court. The Walcote Practice reserves the right to decline further care of clients who have not fully paid for services provided by the Practice.
9. Clients are encouraged to remain registered with their NHS GP, if eligible, to enable them to access services such as out-of-hours GP care.
10. The Walcote Practice does not provide 24 hour GP care. Clients will be informed of our availability. Outside of these times, medical care can be obtained from the NHS out-of-hours service or the local Accident & Emergency Department.
11. Walcote Health Ltd respects your/your child's right to confidentiality with regards to your medical records and care. No third party will be made aware of your/your child's medical information unless you specifically request release and you provide consent accordingly. There are only very rare circumstances when disclosure of personal medical information is justified, including requirement by law, significant public interest and risk of significant personal harm.
12. The Walcote Health Ltd Fair Processing Notice describes how we process your/your child's personal data and your rights with respect to this data. If you/your child wishes to access your child's medical records, or for any further information about how we process your/your child's data, please make a Subject Access Request. On rare occasions a child may withhold permission to access their medical records and this may be upheld if we deem them fully capable of making such a decision.
13. When onward referral is made to secondary care in the private sector, we may provide recommendation if requested by clients but cannot be held responsible for the outcome of such referrals.
14. Walcote Health Ltd reserves the right not to engage in a contract of care with individual clients and is not obligated to provide reasons for declining care.
15. Walcote Health Ltd reserves the right to refuse treatment if it is deemed to be harmful or not in the client's interests.

I have read and agree to these Terms & Conditions.	
Child's Name (block capitals):	Child's Date of Birth:
Your Name (block capitals):	Your Signature:
Relationship to Child:	Date of Signature:

Child Identity & Parental Responsibility Verification Form

Child's name:

Child's date of birth:

	Name of adult with legal parental responsibility for this child	Relationship to the child	Adult's Date of Birth	Address of person with parental responsibility	I declare that I have legal parental responsibility for this child (please sign)
1					
2					

I declare that the person named in row 2 above has legal parental responsibility for the above named child.

YOUR NAME:

YOUR SIGNATURE:

(Staff Use Only)

Child's birth certificate viewed?	Y / N
Name(s) listed on child's birth certificate as parents	
Please circle if proof of parental responsibility is provided via any of the following and has been viewed by the staff member. Give the name of the adult listed.	<ul style="list-style-type: none"> • Certificate of Marriage (only valid for PR if biological father) • Parental Responsibility Agreement • Parental Responsibility Court Order • Other – please state:

Type of ID (please circle)	Form of ID Seen by Staff Member
First document for child: Photo Address Date of Birth	
Second document for child: Photo Address Date of Birth	
Does address and/or surname given for child match at least one person with parental responsibility? Please describe.	
First document for Person 1 named above: Photo Address Date of Birth	
Second document Person 1 named above: Photo Address Date of Birth	
First document for Person 2 named above: Photo Address Date of Birth	
Second document Person 2 named above: Photo Address Date of Birth	

If proof of identity or parental responsibility was not submitted by a relevant party, was he/she reminded to bring these documents to their next appointment at The Walcote Practice? Y / N

Staff Name	Staff Signature	Date

Summary Fair Processing Notice (Patient Data)

When Walcote Health Ltd (the data controller) processes your/your child's personal data we are required to comply with data protection legislation, including the UK General Data Protection Regulation ('UK GDPR') and the Data Protection Act 2018, to ensure that your/your child's information is properly protected and used appropriately.

Your/your child's personal data includes all the information we hold that identifies you/your child or is about you/your child (eg, your name, address etc). It also includes sensitive information such as your/your child's ethnic origin, medical records etc.

Everything we do with your/your child's personal data counts as processing it, including collecting, storing, amending, transferring and deleting it.

We process your/your child's personal data in order to provide you/your child with the services you have requested, to fulfil the contract we have entered into with you (where applicable), to respond to any queries or comments you/your child submit to us, to correspond with you on a day to day basis and/or to meet legal obligations.

We process most of your/your child's information on the grounds of 'special categories of data processing for the purposes of medical diagnosis and the provision of health care or treatment', although other grounds may at times apply, such as public health.

We only transfer your/your child's personal data to the extent we need to and/or that you request. If you/your child attends our branch surgery at Healthshare Clinic Winchester (HCW), you/your child's name may be shared with HCW for fire safety purposes. Additional personal data may be shared with HCW if you/your child choose/s to be referred to HCW for any further investigations or health consultations. In both of these cases, HCW will act as a data processor. We do not transfer your/your child's personal data outside of the EEA.

As with NHS GP practices, and in accordance with Information Governance Alliance (IGA) guidelines, Walcote Health Ltd will retain your/your child's personal data for a standard period of 100 years after a person's last medical appointment with us. This is in case any queries or issues arise and for health, administrative and/or statutory reasons. Your/your child's information will be kept securely at all times.

You/your child benefit from a number of rights with respect to the personal data we hold about you/your child, depending upon the grounds on which we process your/your child's data and subject to exemptions. These include the right of access to and rectification of your/your child's personal data, the right to restrict or object to data processing, withdraw consent or be forgotten, the right to complain to the Information Commissioner's Office (ICO) and the right to data portability.

Our full Fair Processing Notice provides further details about the personal data we process, why we process it and how we process it. Please ask if you/your child would like to view a copy, or visit www.thewalcoteppractice.co.uk/useful-documents/.

For any queries you/your child may have, please contact our Privacy Officer or any other member of our team in person, by post, by emailing info@thewalcoteppractice.co.uk or by calling 01962 828715.

****Virtual Patient Participation Group****

Your opinions are very important to us. We have set up a virtual Patient Participation Group and would like to involve a broad spectrum of our patients. Please tick here (and enter your email address on the front page) if you would like to join. This will enable you to help shape our services by answering a question or two sent by the practice infrequently via email.

Ethnic Group

Please help us plan for the future healthcare of our population by providing information on your child's ethnicity.

Please insert the ethnicity code corresponding to your ethnic group into the box on the front page of this registration form. Please only use one code. Thank you.

White	British	WBRI
	Irish	WIRI
	Other White background	WOTH
Mixed	White and Black Caribbean	MWBC
	White and Black African	MWBA
	White and Asian	MWAS
	Other Mixed background	MOTH
Asian/Asian British	Indian	AIND
	Pakistani	APKN
	Bangladeshi	ABAN
	Other Asian background	AOTA
Black/Black British	Caribbean	BCRB
	African	BAFR
	Other Black background	BOTH
Other ethnic groups	Chinese	CHNE
	Middle Eastern	MESN
	Other ethnic group (please provide details on front of form if you wish)	OOTH
Decline to provide ethnic group		REFU

Information & Communication

We wish to make our services accessible to everyone, so please let us know how we can best communicate with you and your child. Good communication is crucial to healthcare. We do our utmost to provide support to patients with a sensory loss, impairment or disability through the use of:

- communication support
- alternative information formats

For example, we are able to:

- produce documents in large print, easy read or braille formats etc
- use text or email to send information or to book appointments, rather than call by phone, if this is preferable
- offer a portable hearing loop for use during clinic or home visits
- arrange support from an advocate or a communication professional, eg a British Sign Language interpreter