**THE MOUNTS MEDICAL CENTRE REGISTRATION VIA ONLINE**

To enable you to register you need to complete these forms and return them to the following:

***Adults MUST provide the following supporting documents;***

* **Proof of Identity:** 1 x photographic identity i.e. passport (Original visa and/or residence/work permit where applicable) Driving License.
* **Proof of Address:** Any one of the following documents.

Utility bill, bank statement, council tax, mortgage/rental agreement etc.***All documents supplied must be dated within 3 months of you applying to register***

**Children under the age of 18 must provide a Birth Certificate and have a Parent/Guardian also registered here at the practice**

***IF YOU ARE TAKING REPEAT MEDICATION, PLEASE PROVIDE THE REPEAT REQUEST FORM FROM YOUR PREVIOUS SURGERY***

**PLEASE NOTE YOU WILL NEED TO COMPLETE A SEPERATE FORM FOR EACH MEMBER OF THE FAMILY WANTING TO REGISTER**

**ONCE YOU HAVE COMPLETED THE ATTACHED FORMS AND HAVE YOUR PROOF OF IDENTITY READY PLEASEEMAIL TO**

[registrations.k83025@nhs.net](mailto:registrations.k83025@nhs.net)