

## Proof of Identity

Please indicate how proof or ID has been confirmed. Please select "A" or "B"

	Method in which identity is confirmed	Option taken	Documents Attached
<b>A</b>	Attached copies of documents as noted in section 4a below	Yes / No	If Yes, please indicate here which documents have been attached
<b>B</b>	Countersignature (Section 4N). This should only be completed in exceptional circumstances (e.g. in cases where the above cannot be provided)	Yes / No	Please indicate reason why this section was completed

## Evidence

Evidence of the patient's and / or the patient's representative identity will be required. Please attach copies of the required documentation to the application form. Examples or require documentation are:

	Types of applicant	Type of documentation
<b>A</b>	An individual applying for his/her own records	One copy of identity required, e.g. copy of birth certificate, passport, driving licence, plus one copy of a utility bill or medical card
<b>B</b>	Someone applying on behalf of an individual (Representative)	One item showing proof of the patient's identity (see examples in "A" above)
<b>C</b>	Person with parental responsibility applying on behalf of a child	Copy of birth certificate of a child & copy of correspondence addressed to person with parental responsibility relating to the patient
<b>D</b>	Power of Attorney/Agent applying on behalf of an individual	Copy of court order authorising Power of Attorney/Agent plus proof of the patient's identity (see examples in "A" above)