

ENROLMENT FORM

Chart Number:

Enrolment Type*		ENROLLED		NHI*	
Title	Mr Mrs Ms Miss Dr	First * Name(s)		Family Name*	
Preferred Name				Other Names Known	
Email address				Smoker	<input type="checkbox"/> Yes <input type="checkbox"/> No
Gender*	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other			Place of birth	
Physical Address*	Street or Rapid (rural) number and name of street			Date of Birth*	Day / Month / Year
	Suburb:			Community Services Card	Card Number
	City/Town Postcode				Expiry Date
Postal Address				High User Health Card	Card Number Expiry Date
Contact Details	Day Phone	Night Phone	Cell Phone	Register for Text2Remind	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
Emergency contact	Name of person to contact	Relationship	Phone number	Other contact details	

Which ethnic group do you belong to? Mark the space or spaces which apply to you *	If you are Māori, which Iwi do you belong to (if known):	Are you a member of a Trade Union? * <input type="checkbox"/> Yes <input type="checkbox"/> No
New Zealand European		Which Union?
Māori	For GP2GP - EDI: newunion Dr	MCNZ:
Samoan	Transfer of Records: In order to get the best care possible, I agree to the Practice obtaining my records from my previous Doctor. I also understand that I will be removed from their practice register.	
Cook Islands Maori	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	
Tongan	Doctor's Name:	
Niuean		
Chinese		
Indian		
Other such as DUTCH, JAPANESE, TOKELAUAN. Please state below:	Address / Location:	

* = mandatory fields – these MUST be completed

Turn over to sign

Before signing this enrolment form, please read and understand the eligibility, consent and privacy statement attached.

Enrolment in the Practice / Primary Health Organisation (PHO)

I intend to use Newtown Union Health Service as my regular and ongoing provider of general practice / GP / First Level primary health care services.

I am eligible to enrol because I live in **New Zealand** and meet one of the following criteria:

- a) I am a New Zealand citizen **OR**
- b) I hold a resident visa or a permanent resident visa (or a residence permit if issued before December 2010) **OR**
- c) I am an Australian citizen or Australian permanent resident AND able to show I have been in New Zealand or intend to stay in New Zealand for at least 2 consecutive years **OR**
- d) I have a work visa/permit and can show that I am able to be in New Zealand for at least 2 years (previous permits included) **OR**
- e) I am an interim visa holder who was eligible immediately before my interim visa started **OR**
- f) I am a refugee or protected person OR in the process of applying for, or appealing refugee or protection status, OR a victim or suspected victim of people trafficking **OR**
- g) I am under 18 years and in the care and control of a parent/legal guardian/adopting parent who meets one criterion in clauses a–f above **OR**
- h) I am 18 or 19 years old and can demonstrate that, on the 15 April 2011, I was the dependant of an eligible work permit holder **OR**
- i) I am a NZ Aid Programme student studying in NZ and receiving Official Development Assistance funding (or their partner or child under 18 years old) **OR**
- j) I am participating in the Ministry of Education Foreign Language Teaching Assistantship scheme **OR**
- k) I am a Commonwealth Scholarship holder studying in NZ and receiving funding from a New Zealand university under the Commonwealth Scholarship and Fellowship Fund.

I confirm that, if requested, I can provide proof of my eligibility.

My Agreement to the Enrolment Process

PLEASE NOTE: Parent or caregiver to sign if you are under 16 years

I choose to enrol with this practice as my regular and ongoing provider of general practice / GP / First Level primary health care services.

I understand that by enrolling with this practice I will be enrolled with the Primary Health Organisation (PHO) this practice belongs to, and my name address and other identification details will be included on both the Practice and the PHO Enrolment Register.

I understand that if I visit another provider where I am not enrolled I may be charged a higher fee.

I have been given information about the benefits and implications of enrolment with the PHO, and their contact details.

I have read and I agree with the Health Information Privacy Statement (overleaf).

I agree to inform the practice of any changes in my eligibility.

	/ / Day Month Year
SIGNATURE	DATE

OR Signed by AUTHORITY¹

Full Name of Authority	Contact Phone Number	Relationship
Address	Signature of Authority	/ / Day Month Year
Detail the basis of authority (e.g. parent of a child under 16):		

Admin only:

<input type="checkbox"/> Sighted Residency Proof added on MedTech: Birth Certificate / Passport / Certificate of Identity (NZ Immigration)	
<input type="checkbox"/> Residency status added on MedTech: New Zealand (NZ Passport) / Eligible Non-NZ (Foreign Passport -MOH Criteria) / Non-NZ	
<input type="checkbox"/> Checked family already registered on Medtech <input type="checkbox"/> If Casual – Added CPRS alert (Check proof of Residency) <input type="checkbox"/> If Refugee Team – Added REF alert <input type="checkbox"/> Outbox Document “Notes” completed (Request to transfer) <input type="checkbox"/> Entered all details into MedTech F3 Register	<input type="checkbox"/> Obtained NHI Number <input type="checkbox"/> Sent Transfer of records form to previous GP/Practice <input type="checkbox"/> Enrolment form scanned <input type="checkbox"/> Proof of Residency scanned and expiry dates of visas added Completed by: _____ Date Completed: _____

¹ An authority is the legal right to sign for another person if for some reason they are unable to consent on their own behalf.