

ENROLMENT FORM

Newtown Union Health Service
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Chart Number:

Enrolment Type*		ENROLLED		NHI*			
Title	Mr Mrs Ms Miss Dr	First * Name(s)		Family Name*			
Preferred Name				Also known as (Maiden)			
Email address				Interpreter Y/N		Language:	
Gender*		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> other _____		Place of birth			
Physical Address*		Street or Rapid (rural) number		Name of Street		Date of Birth* _____/_____/_____ Day Month Year	
		Suburb		City/Town			Community Services Card
		Postcode				High User Health Card	Expiry Date
Postal Address						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 (Mother for baby)		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? *	
New Zealand European				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Māori		For GP2GP - EDI: newunion Dr		Which union?	
Samoan		MCNZ:			
Cook Islands Maori		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.			
Tongan					
Niuean		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable			
Chinese		Doctor's Name:			
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 meet one of the following criteria:

- a. I am a New Zealand citizen **AND** I am currently residing permanently in New Zealand OR
- b. I hold a residence permit **AND** have been in New Zealand for at least 2 years, or hold a current returning residents visa OR
- c. I am an Australian citizen able to show that my total stay in New Zealand is or will be for at least 2 years OR
- d. I am a work permit holder or an international student able to show that I am able to be in New Zealand for at least 2 years OR
- e. I am a Refugee **OR** in the process of applying for Refugee status.

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 on-going 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"/> Checked residency proof type: Birth Certificate / Passport / Certificate of Identity (NZ Immigration)	
<input type="checkbox"/> Assigned correct residency status on Indici: New Zealand / Eligible Non-NZ / Non-NZ	
<input type="checkbox"/> Added Residency Status Check alert (if applicable)	<input type="checkbox"/> Obtained NHI number
<input type="checkbox"/> Enrolment/Funding Details entered	<input type="checkbox"/> Checked family already registered on Indici
<input type="checkbox"/> Checked CSC card details and validity	<input type="checkbox"/> Patient agrees to being contacted by SMS / MyIndici (if applicable)
<input type="checkbox"/> Entered all details of form into Indici	<input type="checkbox"/> Sent enrolment form requesting previous GP/Practice medical notes
<input type="checkbox"/> Scanned signed form into Indici	<input type="checkbox"/> Reception initials: _____ Date: _____
<input type="checkbox"/> Filed enrolment form into current year archive box	

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.