

WAITLIST APPLICATION FORM

Please complete all information in order for your application to be processed.

DATE.....

FULL NAME.....

DATE OF BIRTH.....

ADDRESS.....

EMAIL.....

PHONE CONTACT

EMAIL

CURRENT MEDICAL CENTRE/DOCTOR.....

Due to the current demand of Health Care we have very limited capacity to enrol please read the below carefully.

- I understand that if I am currently registered at a medical centre in the area then my waitlist application will not be processed. This will be checked before enrolments are fully processed.
- I understand that if I am not living in the Upper Hutt/Stokes Valley area and do not have a family member already registered at Silverstream that my waitlist application will not be processed.
- I understand that once I am contacted by The Doctors Silverstream and offered a position to register I have 7 working days from contact date to provide all required completed forms and appropriate ID. If I fail this timeframe then I will need to re-apply to the waitlist.

SIGNED.....

FAMILY MEMBERS DETAILS IF WISHING TO ENROL HERE ALSO

FULL NAME..... DATE OF BIRTH.....

FULL NAME..... DATE OF BIRTH.....

FULL NAME..... DATE OF BIRTH.....

FULL NAME..... DATE OF BIRTH.....

FULL NAME..... DATE OF BIRTH.....

Please contact the centre on (04) 527 7376 if you no longer wish to be on or waitlist or registered at our centre. Email: administration@ss.thedoctors.co.nz