

Fields with \* are compulsory. Anyone over age of 16 years must complete their own enrolment form.

**1 ABOUT YOU**

Title \_\_\_\_\_  Mr  Miss  Mrs  Master  Other \_\_\_\_\_

Given name\* \_\_\_\_\_

Other given names\* \_\_\_\_\_

Family name\* \_\_\_\_\_

Other names (e.g. maiden name) \_\_\_\_\_

Please tick the name you prefer to be known by

Date of birth\* \_\_\_\_\_

Place of birth\* \_\_\_\_\_

Country of birth\* \_\_\_\_\_

Gender\* \_\_\_\_\_  Male  Female  Gender diverse (please state) \_\_\_\_\_

Occupation\* \_\_\_\_\_

NHI (Office use only) \_\_\_\_\_

**2 USUAL RESIDENTIAL ADDRESS**

House number and street (or RAPID)\* \_\_\_\_\_

Suburb/rural location\* \_\_\_\_\_

Town/city\* \_\_\_\_\_ Postcode\* \_\_\_\_\_

**3 POSTAL ADDRESS (if different)**

House number and street or PO Box \_\_\_\_\_

Suburb/rural location \_\_\_\_\_

Town/city \_\_\_\_\_ Postcode \_\_\_\_\_

**4 CONTACT DETAILS**

Phone numbers \_\_\_\_\_ Mobile \_\_\_\_\_ Home \_\_\_\_\_

Work phone number \_\_\_\_\_

Email address \_\_\_\_\_

**5 EMERGENCY CONTACT DETAILS**

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Phone number \_\_\_\_\_

**6 NEXT OF KIN**

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

**7 TRANSFER OF RECORDS**

In order to get the best care possible, I agree to the Practice obtaining my records from my previous Doctor. I understand that I will be removed from their practice register.

Yes     No     Not applicable

Previous Doctor \_\_\_\_\_

Practice name \_\_\_\_\_

Address/location \_\_\_\_\_

**8 COMMUNITY SERVICES/HIGH USER HEALTH CARD**

I have a Community Services Card     Yes     No

Card number \_\_\_\_\_

Expiry date \_\_\_\_\_

**9 ETHNICITY\*** (Mark **with numbers** the ones that apply to you, e.g if you identify as Maori/NZ: **1** Maori    **2** NZ European)

Maori Iwi \_\_\_\_\_

NZ European     Samoan     Cook Island Maori     Tongan     Niuean     Chinese     Indian

Others (e.g. Dutch, Japanese, Tokelauan) Please state: \_\_\_\_\_

**10 CERTIFICATION**

Original identification required \_\_\_\_\_

NZ Citizen     Permanent     Refugee     Work permit

Residency status \_\_\_\_\_

Passport     New Zealand birth certificate

**11 ACCOUNTS**

When enrolling a family we allocate one account payer for each family. Please select one of the following:

I will be my own account holder

\_\_\_\_\_ will be the designated account holder for myself/family.

\_\_\_\_\_

Account holders signature

## MY DECLARATION OF ENTITLEMENT AND ELIGIBILITY

I am entitled to enrol because I am residing permanently<sup>1</sup> in New Zealand.

I am eligible to enrol because:

a) I am a New Zealand citizen (If yes, tick box and proceed to I confirm that, if requested, I can provide proof of my eligibility below).

If you are **not a New Zealand citizen** please tick which eligibility criteria applies to you (b–j) below:

- b) I hold a resident visa or a permanent resident visa (or a residence permit if issued before December 2010)
- c) I am an Australian citizen or Australian permanent resident AND able to show I have been in NZ or intend to stay in New Zealand for at least 2 consecutive years
- 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)
- e) I am an interim visa holder who was eligible immediately before my interim visa started
- 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
- 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 in the control of the Chief Executive of the Ministry of Social Development
- h) 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)
- i) I am participating in the Ministry of Education Foreign Language Teaching Assistantship scheme
- j) I am a Commonwealth Scholarship holder studying in New Zealand 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
- Evidence sighted (Office use only)

## MY AGREEMENT TO THE ENROLMENT PROCESS (Parent or caregiver to sign if you are under 16 years)

**I intend to use this practice** as my regular and ongoing provider of general practice / GP / health care services.

**I understand** that by enrolling with this practice I will be included in the enrolled population of this practice's Primary Health Organisation (PHO) Silverstream Health Centre, and my name address and other identification details will be included on the Practice, PHO and National Enrolment Service Registers.

**I understand** that if I visit another health care 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 and the services this practice and PHO provides along with the PHO's name and contact details.

**I have read and I understand** the Use of Health Information Statement. The information I have provided on the Enrolment Form will be used to determine eligibility to receive publicly-

funded services. Information may be compared with other government agencies, but only when permitted under the Privacy Act.

**I understand** that the Practice participates in a national survey about people's health care experience and how their overall care is managed. Taking part is voluntary and all responses will be anonymous. I can decline the survey or opt out of the survey by informing the Practice. The survey provides important information that is used to improve health services.

**I agree** to inform the practice of any changes in my contact details and entitlement and/or eligibility to be enrolled.

**I agree** to pay for all consultations at the time of the appointment and if not paid on the day an account fee will be added. If my account remains outstanding, it will be forwarded to a debt collection agency.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
or Signature of Authority<sup>2</sup>

\_\_\_\_\_  
Date

\_\_\_\_\_  
Full name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Detail the basis of authority (e.g. parent of child under 16)

<sup>1</sup>The definition of residing permanently in NZ is that you intend to be resident in NZ for at least 183 days in the next 12 months.

<sup>2</sup>An authority is the legal right to sign for another person if for some reason they are unable to consent on their own behalf.