HealthHub PROJECT
WELLNESS EDUCATION RESEARCH

Phone **06 358 7282**
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www.hhpnz.nz

ENROLMENT FORM

NHI *(Office use only)*

Legal Name
Title | Given Name | Other Given Name(s) | Family Name

Other Name(s) (eg. maiden name)
Please tick the name you prefer to be known as

Occupation

Birth Details
Day / Month / Year of Birth | Place of Birth | Country of Birth

Gender ☐ Male ☐ Female ☐ Gender Diverse (please state)

Residential Address
House (or RAPID) Number and Street Name | Suburb/Rural Location | Town / City and Postcode

Postal Address (if different from above)
House Number and Street Name or PO Box Number | Suburb/Rural Location | Town / City and Postcode

Community Services Card ☐ Yes ☐ No
Day / Month / Year of Expiry | Card Number

High User Health Card ☐ Yes ☐ No
Day / Month / Year of Expiry | Card Number

Contact Details
Mobile Phone | Home Phone | Email Address

Consent to use text messaging ☐ Yes ☐ No

Emergency Contact
Name | Relationship | Mobile (or other) Phone

Transfer of Records ☐ Yes, please request transfer of my records ☐ No transfer ☐ Not applicable

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.

Previous Doctor and/or Practice Name | Address/Location

Acceptance of terms and conditions of credit:

- *All Accounts are Payable on the day that services are provided.*
- *I shall pay or reimburse you all costs and/or expenses incurred by you instructing a solicitor and/or debt collecting agency to recover any amount overdue for payment by me.*
- *An administration fee of $5.00 per overdue statement period may be added.*
- *I agree to be bound by the above terms and conditions in respect to this and all future transactions.*

I have a bad debt record or have had my account handed over to a debt collection agency

☐ Yes ☐ No

(A Yes or No answer will not affect your enrolment at Health Hub Project NZ)

Ethnicity Details

Which ethnic group(s) do you belong to?
(Tick the space or spaces which apply to you)

- ☐ New Zealand European (11)
- ☐ Maori (21)
- ☐ Samoan (31)
- ☐ Cook Island Maori (32)
- ☐ Tongan (33)
- ☐ Niuen (34)
- ☐ Chinese (42)
- ☐ Indian (43)
- ☐ Other (such as Dutch, Japanese, Tokelauan). Please state:

Patient Survey

From time to time we may contact you and ask for your feedback on your experience of care. This provides important information which we use to improve health services. Participation is voluntary and anonymous.

Patient Survey Contact Details

☐ As provided above or

Alternative Mobile Phone

Alternative Email Address

☐ I do not wish to participate in the Patient Survey

MY DECLARATION OF ENTITLEMENT AND ELIGIBILITY

I am entitled to enrol because I am residing permanently in New Zealand.
The definition of residing permanently in NZ is that you intend to be resident in New Zealand for at least 183 days in the next 12 months

I am eligible to enrol because:

☐ **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 entitlement criteria applies to you below:

☐ I hold a resident visa or a permanent resident visa (or a residence permit if issued before December 2010)

☐ 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

☐ 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)

☐ I am an interim visa holder who was eligible immediately before my interim visa started

☐ 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

☐ 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 and control of the Chief Executive of the Ministry of Social Development

☐ 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 am participating in the Ministry of Education Foreign Language Teaching Assistantship scheme

☐ 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 Evidence sighted (office use only)

MY AGREEMENT TO THE ENROLMENT PROCESS

NB. Parent or Caregiver to sign if you are under 16 years

I intend to use this practice as my regular and on-going 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 the Primary Health Organisation (PHO) this practice is contracted to, 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 agree with 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 agree to inform the practice of any changes in my contact details and entitlement and/or eligibility to be enrolled.

Signatory Details

Signature

Date

Day / Month / Year

☐ Self-Signing ☐ Authority

Authority Details *(where signatory is not the enrolling person)*

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

Full Name

Relationship

Contact Phone

Basis of authority
(e.g. parent of a child under 16 years of age)