ENROLMENT FORM

Entered by	Date entered	Eligibility sighted & copied	ID sighted & copied	Notes requested	Screening entered	NHI number
Office Use Only						

Legal Name	(Title)	Given Name	Middle Name(s)	Family Name	
Other Name		Other Name	Other Given Name(s)	Other Family Name (eg. maiden name)	
Preferred Name		Preferred Name	Preferred Other Given Name(s)	Preferred Other Family Name	
Birth Details		Day / Month / Year of Birth	Place of Birth	Country of Birth	
Gender	☐ Male	☐ Female	☐ Gender diverse (please state)	Occupation	

Usual Residential Address	House (or RAPID) Number and Street Name	Suburb	Town / City and Postcode
Postal Address (if different from above)	House Number and Street Name or PO Box Number	Suburb	Town / City and Postcode

Contact Details	Work Phone	Home Phone	Mobile Phone	
Emergency Contact/NOK	Given Name Family Name		Relationship	Mobile (or other) Phone

Email Address		**I agree to receiving Txt Messages** ☐ YES ☐ NO

Community Services Card *(sight card)*	☐ Yes	☐ No	Day / Month / Year of Expiry	Card Number
High User Health Card (sight card)	☐ Yes	☐ No	Day / Month / Year of Expiry	Card Number

Ethnicity Details Which ethnic group(s) do you belong to? ***Tick the space or spaces which apply to you. You may select up to 3***	○ New Zealand European (11) ○ Maori (21) ○ Samoan (31) ○ Cook Island Maori (32) ○ Tongan (33) ○ Niuean (34) ○ Chinese (42) ○ Indian (43)	○ Tokelauan (35) ○ African (53) ○ Fijian (36) ○ Latin American / Hispanic (52) ○ Middle Eastern (51) ○ Other European (12) ○ Other Pacific Island (37) ○ Other Asian (44) ○ Other (61) Please state:

Smoking Status *(required if 15+ years old)*	☐ Smoker ☐ Never Smoked ☐ Ex-Smoker
Smoking Brief Advice	Did you know smoking is bad for your health? If you are a current smoker would you like brief advice to help you on the right track to quit smoking? ☐ Yes ☐ No

My Declaration of Entitlement and Eligibility

YES, I wish to enrol with **Tui Medical Rototuna / Davies Corner / Te Rapa / Parkwood / Central / Huntly** and use this practice as my regular and on-going provider of general practice / GP / health care services.	☐
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:

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 entitlement 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 New Zealand 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 and 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 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

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

I understand that by enrolling with Tui Medical I will be included in the enrolled population of Hauraki PHO, 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 PHO provides along with the PHO's name and contact details.

I have read and I agree with the Use of Health Information Fact Sheet. 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 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.

Signatory Details	Signature	Date	☐ Self-Signing	☐ Authority

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

Authority Details *(where signatory is not the enrolling person)*	Full Name	Relationship	Contact Phone
	Basis of authority (e.g. parent of a child under 16 years of age)		