| NHI         | (Office | use | only)  |  |
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The Practice on Francis Street 16 Francis Street Blenheim 7201 03 5771911 www.thepractice.org.nz

## **ENROLMENT FORM**

|                                | (T'11-)  | C' as Massala)                               |                                 | Constant Nove  |                                    |
|--------------------------------|----------|--|---------------------------------|--|------------------------------------|
| Name                           | (Title)  | Given Name(s)                                |                                 | Surname/Family Name  |                                    |
|                                | Preferre | ed Name                                      |                                 | Previous Names (e.g. maiden name                               | s)                                 |
|                                | TTCTCTT  | ad Hume                                      |                                 | Trevious Numes (e.g. maiden nume                               | -1                                 |
| Birth Details                  | Day / N  | Joneth / Voor of Direth                      |                                 | Diago / Country of Digth                                       |                                    |
|                                |          | Ionth / Year of Birth                        |                                 | Place/ Country of Birth  |                                    |
| Gender                         | Ш ма     | ale Female Gender                            | diverse (please state)          | Preferred Pronoun:   |                                    |
| Residential                    |          |  |                                 |  |                                    |
| Address                        | House I  | Number and Street Name                       |                                 | Suburb   | Town / City and Postcode           |
| Postal                         |          |  |                                 |  |                                    |
| Address<br>(if different from  |          |  |                                 |  |                                    |
| above)                         | House I  | Number and Street Name or PO                 | Box Number                      | Suburb   | Town / City and Postcode           |
|                                |          |  |                                 |  |                                    |
| Contact<br>Details             |          |  |                                 |  |                                    |
| Details                        | Mobile   |  | Alternative Phone               | Email address  |                                    |
| Гинанданан                     | I conse  | nt to receiving communication vi             | a email address/ text           | Yes No   |                                    |
| Emergency<br>Contact           | Name     |  |                                 | Relationship   | Mobile (or other) Phone            |
|                                | Nume     |  |                                 | neidionship  | Woosie (or other) mone             |
|                                | In orda  | r to get the best care pessible. Le          | varon to the Dractice obtaining | ı my records from my previous Doctor.                          | Lalco understand Lwill be removed  |
|                                |          | eir practice register, as I am only          |                                 |  | Talso understand i will be removed |
| Transfer of                    | I        | Yes, please request tra                      | nsfer of my records             |  |                                    |
| Records                        |          |  | ·<br>                           | Signature  | Date                               |
|                                |          |  |                                 |  |                                    |
|                                | Previou  | s Practice Name                              |                                 | Address/ Location  |                                    |
| Ethnicity Which ethnic         |          | ew Zealand European<br>Iāori                 |                                 | Smoking Status   | ☐Current smoker/vaping             |
| group(s) do you                | - Sa     | amoan  |                                 | If yes would like advice on                                    | ☐ Ex smoker/ vaper                 |
| belong to. Tick all that apply |          | ook Island Maori<br>ongan                    |                                 | giving up  | □Never smoked or vaped             |
|                                | - N      | iuean  |                                 |  |                                    |
|                                |          | hinese<br>Idian                              |                                 |  |                                    |
|                                |          | (i.e. Dutch, Japanese, Tokelauan). Ple       | ase state:                      | If yes would like advice on giving up                          | ☐ Yes ☐ No                         |
|                                |          |  |                                 | 0 0 4  |                                    |
|                                |          |  |                                 | Breast Screening   |                                    |
|                                |          |  |                                 | I would like to be enrolled in the Breast Screening service at |                                    |
| •••                            | ·c= ::   |  |                                 | the appropriate age  |                                    |
| Main<br>Language               |          | sh is not your primary langua<br>y language. | age, piease state your          |  |                                    |
| <b>5 5</b> .                   | Is an Ir | nterpreter required?  \( \subseteq Yes \)    | □No                             |  |                                    |
|                                |          |  |                                 | Ī  |                                    |

|  | lion of residing permi   | anently in NZ is that you   | g permanently in New Z<br>u intend to be resident in New  |   | or at least 183 days in the nex  | t 12 months  |   |
|--|--|---|---|---|--|--|---|
| AND I am   | n eligible to enro   | l because:  |   |   |  |  | _   |
| а  | I am a New<br>eligibility belo   |   | yes, tick box and proceed to <b>I</b>   | l confirm t   | hat, if requested, I can provid  | le proof of my   |   |
| If you   | ı are <u>n<b>ot a New</b> Z</u>  | <b>Zealand citizen</b> ple  | ase tick which eligibility  | criteria  | applies to you (b-j) belo  | w:   |   |
| b  | I hold a resi<br>2010)   | dent visa or a pern   | nanent resident visa (or  | a reside  | ence permit if issued bef  | ore December   |   |
| С  |  |   | ustralian permanent res<br>ew Zealand for at least 2  |   | ND able to show I have butive years  | een in New   |   |
| d  |  | rk visa/permit and ermits included)   | can show that I am able   | e to be ir  | n New Zealand for at lea   | st 24 months   |   |
| е  | I am an inte   | erim visa holder wh   | o was eligible immediat   | tely befo   | ore my interim visa start  | ed   |   |
| 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  |  | n in clauses a–f ab   | •   |   | gal guardian/adopting pef Executive of the Mini  |  |   |
| 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  |  |   | rship holder studying in<br>wealth Scholarship and  |   | receiving funding from a   | a New Zealand  |   |
| I confirm  | that, if requeste  |   | ·   |   |  |  |   |
| proof of r   | my eligibility   |   |   |   | Evidence copie   | ed (Office use only)   |   |
|  |  | My a  | greement to the   | enrol   | ment process   |  |   |
| I intend to  | use this practice a  | NB. Pa  | rent or Caregiver to sign<br>going provider of general  | n if you a  |  | lealth care services.  |   |
| l understa   | <b>nd</b> that by enrollin   | NB. Paras my regular and ong  | going provider of general   | n if you a<br>practice<br>olled pop   | are under 16 years  / GP / First Level Primary Fulation of Marlborough Primary | imary Health/Kimi Ha   | uora Wairau   |
| understai<br>my name,  | <b>nd</b> that by enrolling address and other  | NB. Par<br>ns my regular and on-<br>g with the Practice I<br>identification details   | going provider of general<br>will be included in the enro<br>will be included on the Pr   | practice olled popractice, Pl   | Are under 16 years  / GP / First Level Primary Fulation of Marlborough Primary Fulation and National Enrolmen  | imary Health/Kimi Ha   | uora Wairau a   |
| I understai<br>my name,<br>I understai<br>I have bee   | nd that by enrollin<br>address and other<br>nd that if I visit and<br>n given information  | NB. Paras my regular and one g with the Practice I identification details other health care proof about the benefits  | going provider of general<br>will be included in the enro<br>will be included on the Pr<br>vider where I am not enro  | practice polled popractice, Plolled I ma  | Are under 16 years  / GP / First Level Primary Fulation of Marlborough Primary Fulation and National Enrolmen  | rimary Health/Kimi Ha<br>t Service Registers.  |   |
| I understar<br>my name,<br>I understar<br>I have bee<br>PHO's nam<br>I have reac<br>Form will b  | nd that by enrolling address and other nd that if I visit and n given information and I understand and I understand be used to determine   | NB. Parass my regular and one g with the Practice I identification details other health care proof about the benefits ails. I the Health Informatine eligibility to receive   | going provider of general will be included in the enrowall be included on the Provider where I am not enrowall and implication of enrolm in Privacy Statement and   | practice polled popractice, Plolled I mannent and discontinuity.                                      | dre under 16 years  / GP / First Level Primary Fulation of Marlborough Presented and National Enrolmenty be charged a higher fee. The services this practice and dedge that the information cknowledge that my information   | rimary Health/Kimi Ha<br>t Service Registers.<br>nd PHO provides along<br>I have provided on the   | g with the<br>e Enrolment                                 |
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Legal basis of authority (e.g. parent of a child under 16 years of age)

My declaration of entitlement and eligibility