

- Dr Sobia Imran NZME: 48237
- Dr Imran Zia NZME: 48236
- Dr Lucile Moracchini NZME: 88035
- Dr Nazar Ali El Hassan NZME: 58120

Each person 16 years & over to fill and sign their own form

				NHI *			
Title	Mr Mrs Ms Miss	First * Name(s)			Family Name *		
Preferred Name					Other Names Known By		
Gender *	<input type="checkbox"/> Male <input type="checkbox"/> Female			Country of Birth *			
Physical Address *	Street or Rapid (rural) number		Name of Street		Date of Birth *	____ / ____ / ____ Day Month Year	
	Suburb			Community Service Card	YES / NO		
	City/Town		Post Code		Card Number Expiry Date		
Postal Address				High User Health Card	YES / NO		
					Card Number Expiry Date		
Contact Details	Day Phone		Mobile Phone			Do you agree to receive text messages? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Night Phone		Email				
Emergency Contact	Name of person to contact		Relationship		Phone number	Other contact details	

Which ethnic group do you belong to? * Mark the space or spaces which apply to you		Smoking Status	Eligibility* I confirm that, if requested, I can provide proof of my eligibility. I agree to inform the practice of any change in my eligibility.	
New Zealand European	<input type="checkbox"/>	<input type="checkbox"/> Ex-Smoker	Not Eligible	
Maori Iwi:	<input type="checkbox"/>	Quit Date _____	*Eligible under criteria	
Samoan	<input type="checkbox"/>	<input type="checkbox"/> Current	(Enter applicable letter from list)	
Cook Island Maori	<input type="checkbox"/>	<input type="checkbox"/> Never Smoked	I have read and agree with Health Information Privacy Statement.	
Tongan	<input type="checkbox"/>			
Niuean	<input type="checkbox"/>	Interpreter Required* <input type="checkbox"/> Yes <input type="checkbox"/> No		
Chinese	<input type="checkbox"/>	Transfer of Records* <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable		
Fijian	<input type="checkbox"/>	In order to get 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. Doctor's Name: Address / Location: Phone/Fax:		
Indian	<input type="checkbox"/>			
Other such as DUTCH, JAPANESE, TOKELAUAN. Please state:	<input type="checkbox"/>			

Occupation*			
Employer		Phone	
Address			

SIGNATURE*	DATE*
	____ / ____ / ____ Day Month Year

OR Signed by Authority An authority is the legal right to sign for another person if for some reason they are unable to consent on their own behalf.

Full Name of Authority	Contact Phone Number	Relationship
Address	Signature of Authority	____ / ____ / ____ Day Month Year
Detail the basis of Authority (e.g. parent of a child under 16):		

Please read this sheet and identify on your enrolment form which criteria provides your eligibility to funded health services

Enrolment in the Practice / Primary Health Organisation (PHO)

I am eligible to enrol because I live in New Zealand⁹ and meet one of the following criteria:

- a)** I am a New Zealand citizen **OR**
- b)** I hold a resident visa or a permanent resident visa (or a residence permit if issued before December 2010) **OR**
- 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 **OR**
- 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) **OR**
- e)** I am an interim visa holder¹⁰ who was eligible immediately before my interim visa started **OR**
- 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 **OR**
- 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**
- 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) **OR**
- i)** I am participating in the Ministry of Education Foreign Language Teaching Assistantship scheme **OR**
- 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.

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 ongoing provider of general practice / GP / First Level primary health care services.

I understand that by enrolling with this practice I will be enrolled with the **Primary Health Organisation (PHO)** this practice belongs to, and my name address and other identification details will be included on both the Practice, PHO and National Enrolment Service Registers.

I understand that if I **visit another 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, and their contact details.

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 eligibility.

HEALTH INFORMATION PRIVACY

I agree to the practice sharing my health information with other health providers involved in my healthcare. 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 also agree to my information being used for practice quality/audit activities and to being included in the practice screening, recall and health programmes.

I have been informed of the Health Information Privacy statement posters.

⁹ The definition residing in NZ is that you intend to be resident in New Zealand for at least 183 days in the next 12 months

¹⁰ If a person has an interim visa this means they are waiting for Immigration to finish processing an application as Immigration issues interim visas if the old visa has run out but the new visa is still being processed. To determine the eligibility of an interim visa holder you should look at what their eligibility status was immediately prior to being issued the interim visa. For example, the person had a two year work permit and has been issued with an interim visa while waiting for their application for another two year work permit to be processed. Immigration usually issues Interim visas in a letter form.

¹¹ An authority is the legal right to sign for another person if for some reason they are unable to consent on their own behalf.