



*Confident, capable and healthy tangata / whānau restoring their tapu and their mana*

<b>TE PUNA HAUORA O TE RAKI PAEWHENUA SOCIETY INCORPORATED</b>		
<b>TANGATA ENROLMENT FORM</b>		
<b>EDI Number: tepunaha</b>		<b>NZMC#: 141300 Joel Razon</b>
Te Puna Hauora Northcote: 58A Akoranga Drive, Northcote	Phone Number (09) 489-3049	EMAIL: info@tepuna.org.nz
Te Puna Hauora Birkdale: 166 Birkdale Road, Birkdale	Phone Number (09) 483-5724	

Fields with * are compulsory	<i>Anyone over age of 16 years must complete their own enrolment form</i>	NHI (Office use only)
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Name	Title	* Given Name	* Other Given Name(s)	* Family Name
<b>Other Name(s)</b> <small>(eg. maiden name) Please tick the name you prefer to be known as</small>				
<b>Birth Details</b>		* Day / Month / Year of Birth	* Place of Birth	* Country of birth
<b>Gender</b>	* <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Gender Diverse (please state)			Occupation

<b>Usual Residential Address</b>	* House (or RAPID) Number and Street Name	* Suburb/Rural Location	* Town / City and Postcode
<b>Postal Address</b> <small>(if different from above)</small>	House Number and Street Name or PO Box Number	Suburb/Rural Delivery	Town / City and Postcode

<b>Contact Details</b>	Mobile Phone:	Home Phone:	<input type="checkbox"/> HAVE READ TERMS AND CONDITIONS	
	Email Address:		Signature:	

<b>Emergency Contact or Next of Kin</b>	Name	Relationship	Mobile (or other) Phone
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<b>Transfer of Records</b>	<i>In order to get the best care possible, I agree to Te Puna Hauora obtaining my records from my previous Doctor. I also understand that I will be removed from the previous Doctors practice register.</i>		
	<input type="checkbox"/> Yes, please request transfer of my records	<input type="checkbox"/> Casual Only	
	Previous Clinic and / or Practice Name	Address / Location	

<b>*Ethnicity Details</b> Which ethnic group(s) do you belong to? <i>Tick the space or spaces which apply to you</i>	<input type="radio"/> Maori IWI: _____ HAPU: _____	<b>Community Services Card</b>		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<input checked="" type="radio"/> New Zealand European	Client No: _____	Day / Month / Year of Expiry		Card No: _____	
	<input type="radio"/> Samoan	<b>High User Health Card</b>		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<input type="radio"/> Cook Island Maori	Day / Month / Year of Expiry	Card Number			
	<input type="radio"/> Tongan	<b>Do you Smoke?</b>		<input type="checkbox"/> Yes	<input type="checkbox"/> No (ex-smoker)	<input type="checkbox"/> Never
	<input type="radio"/> Niuean	<b>What language do you speak?</b> _____				
	<input type="radio"/> Chinese	<b>Would you require interpreter?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No				
	<input type="radio"/> Indian	_____				

**Please note this form has two mandatory pages.**



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### \*My declaration of entitlement and eligibility

<b>I am entitled to enroll</b> because I am residing permanently in New Zealand. <i>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>	<input type="checkbox"/>
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**I am eligible to enroll** because:

<b>a</b> I am a <b>New Zealand citizen</b> (If yes, tick box and proceed to I confirm that, if requested, I can provide proof of my eligibility below)	<input type="checkbox"/>
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If you are **not** a **New Zealand citizen**, please tick which eligibility criteria applies to you (b–j) below:

<b>b</b> I hold a resident visa or a permanent resident visa (or a residence permit if issued before December 2010)	<input type="checkbox"/>
<b>c</b> 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	<input type="checkbox"/>
<b>d</b> 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)	<input type="checkbox"/>
<b>e</b> I am an interim visa holder who was eligible immediately before my interim visa started	<input type="checkbox"/>
<b>f</b> 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	<input type="checkbox"/>
<b>g</b> 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 <b>OR</b> in the control of the Chief Executive of the Ministry of Social Development	<input type="checkbox"/>
<b>h</b> 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)	<input type="checkbox"/>
<b>i</b> I am participating in the Ministry of Education Foreign Language Teaching Assistantship scheme	<input type="checkbox"/>
<b>j</b> I am a Commonwealth Scholarship holder studying in NZ and receiving funding from a New Zealand university under the Commonwealth Scholarship and Fellowship Fund	<input type="checkbox"/>

<b>I confirm</b> that, if requested, I can provide proof of my eligibility	<input type="checkbox"/>	Evidence sighted ( <i>Office use only</i> )
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### My agreement to the enrolment process

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

**I intend to use Te Puna Hauora** as my regular and on-going provider of general practice / GP / healthcare services.

**I understand** that by enrolling with Te Puna Hauora, I will be included in the enrolled population of the Primary Health Organisation Te Puna Hauora belongs 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 healthcare 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 Te Puna Hauora and the 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 understand** that Te Puna Hauora participates in a national survey about people's healthcare 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 Te Puna Hauora. The survey provides important information that is used to improve health services.

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

<b>Signatory Details</b>	* <b>Signature</b>	* <b>Day / Month / Year</b>	<input type="checkbox"/> Self-Signing	<input type="checkbox"/> Authority
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**An authority has the legal right to sign for another person if for some reason they are unable to consent on their own behalf.**

<b>Authority Details</b> (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)		
<b>Authority Details</b>			

**Please note this form has two mandatory pages.**