ENROLMENT FORM

Field items shaded in Grey are compulsory

Rototuna Family Health Centre

240 Thomas Road

Rototuna, Hamilton 3210

Phone: 07 282 1324	EDI: UCSAYQDY	☐ Dr Mohamed Bahr 29904	**OFFICE USE ONLY**
Fax: 07 855 4354	Email: contactus@rototunafhc.co.nz	☐ Dr Pieter Botes 25793	

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			
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/Rural Location**	**Town / City and Postcode**
Postal Address (if different from above)		**House Number and Street Name or PO Box Number**	**Suburb/Rural Delivery**	**Town / City and Postcode**
Contact Details		**Mobile Phone**	**Home Phone**	I agree to receiving Txt messages Yes ☐ No☐ / **Email Address**
Emergency Contact (EC)		Name	Relationship	Mobile (or other)Phone
NOK Contact (if different to EC)				

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

Ethnicity Details

Which ethnic group do you belong to? (Tick box/es that apply to you)

- ◯ New Zealand European
- ◯ Maori
- ◯ Samoan
- ◯ Cook Island Maori
- ◯ Tongan
- ◯ Niuean
- ◯ Chinese
- ◯ Indian
- ◯ Other (such as Dutch, Japanese, Tokelauan). Please state:

____

Alcohol Consumption

{Non/Social/Heavy}_______________

Smoking Status

Smoker ☐

Never Smoked ☐

Ex-Smoker ☐ No. years since quit

Would you like to Sign up to Manage My Health? Yes ☐ No ☐

TRANSFER OF RECORDS: 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.

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

Previous Doctor and/or Practice Name

Address / Location

FOR OFFICE USE ONLY:

NHI NO.

Identification: **OFFICE USE ONLY**

Photo I.D. sighted ☐
Address Verified ☐

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:

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 eligibility 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 current work visa/permit and can show that I am legally able to be in New Zealand for at least 2 years (previous visas/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 **OR** in the 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	☐	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 the *Rototuna Family Health Centre*. I will be included in the enrolled population of this practice's Primary Health Organisation {PHO} Hauraki Primary Health Organisation (HPHO) 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 information available to me on request 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 understand 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 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 contact details and entitlement and/or eligibility to be enrolled.

Signatory Details	Signature	Day / Month / Year	☐ 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)		