



CASUAL PATIENT ENROLMENT FORM

Fields shaded in blue are compulsory Botany Town Centre Medical Practice NHI (Office use only)

Name	Title	Given Name	Other Given Name(s)	Family Name
Other Name(s) (e.g. 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	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> 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	Email Address
Emergency Contact	Name	Relationship	Mobile (or other) Phone

Registered GP or Medical Centre	<i>In order to get the best care possible, I agree to the Practice sending my consultation details to my usual GP or Medical Centre with whom I am registered.</i>	
	<input type="checkbox"/> Yes, send my consultation records to my usual GP	<input type="checkbox"/> No, do not send my consultation records to my usual GP
	Registered Doctor and/or Practice Name	Address / Location

Ethnicity Details Which ethnic group(s) do you belong to? Tick the space or spaces which apply to you	<input type="checkbox"/> New Zealand European	Community Services Card		<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<input type="checkbox"/> Maori	Day / Month / Year of Expiry	Card Number		
	<input type="checkbox"/> Samoan				
	<input type="checkbox"/> Cook Island Maori	High User Health Card		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Tongan	Day / Month / Year of Expiry	Card Number			
<input type="checkbox"/> Niuean					
<input type="checkbox"/> Chinese					
<input type="checkbox"/> Indian					
<input type="checkbox"/> Other (such as Dutch, Japanese, Tokelauan). Please state					
<input type="text"/>					
<input type="text"/>					

My declaration of entitlement and eligibility

I am eligible to receive publicly funded health services 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 receive publicly funded health services 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 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 **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)*

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

Authority Details

Basis of authority (e.g. parent of a child under 16 years of age)