

5. Country of Birth:*

6. Next of Kin/Emergency Contact Details*

First and Family Name:*

Relationship to you:

PHYSICAL ADDRESS:

Unit/House No:

Street:

Suburb & City:

Day Phone *:

(0)

Mobile Phone *:

0

I AM ELIGIBLE TO ENROL IN COMPASS PRIMARY HEALTH CARE NETWORK.

7. Smoking Status:

Smoking status is an important factor influencing health. Please tick the space that applies to you.

Never smoked

Ex-Smoker

Currently a smoker

8. Signed DECLARATION*

I intend to use ONSLOW MEDICAL CENTRE as my regular and ongoing provider of general practice / GP / First Level primary health care services.

I am eligible and entitled to be enrolled in this PHO as I am residing in New Zealand and meet one of the following criteria (PLEASE CIRCLE):

- 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 24 months (previous permits included) OR
- e) I am an interim visa holder 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 18 or 19 years old and can demonstrate that, on the 15 April 2011, I was the dependant of an eligible work permit holder OR
- i) 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
- j) I am participating in the Ministry of Education Foreign Language Teaching Assistantship scheme OR
- k) 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.

MY AGREEMENT TO THE ENROLMENT PROCESS

- I intend to use this PHO as my preferred provider of Primary Health Services
- I understand that by enrolling with this practice I will be enrolled with **Compass Primary Health Care Network**, which is the Primary Health Organisation this practice belongs to, and my name, address and other identification details will be included on both the Practice and the **Compass Primary Health Care Network** Enrolment Register.
- I understand that if I visit another provider where I am not enrolled I may be charged a higher fee.
- I have read and I agree with the **Health Information Privacy Statement**.
- I agree to inform the practice of any changes in my eligibility.
- I understand that Onslow Medical Centre may charge for missed appointments.
- I understand that payment is expected at the time of the visit. An accounting fee will be added to unpaid accounts and any debt collection costs incurred will be my responsibility.

SIGNATURE:*

Date Of Signature:* / /

OR Signed by AUTHORITY

Name of Authority: Relationship:

Address:

Contact Phone Number:

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