

The Peoples Centre Trust PHO

ENROLMENT FORM

I intend to use TPCT as my usual PHO provider of primary health care services. Please enroll me (and the following dependants under 16 years) on your register.

ENROLMENT DETAILS

Please Circle One: MR / MRS / MS / MISS

Surname: _____ First Name: _____

Date of Birth: Day _____ Month _____ Year _____ Gender: MALE / FEMALE

Country of Birth: _____ First Language: _____

Ethnicity: _____ Permanent Residence in NZ: YES / NO

NHI Number: _____ (Please leave blank if not known)

Community Services Card Holders Yes / No

Community Services Card number _____ / _____ / _____
CSC Expiry Date _____ / _____ / _____

CONTACT DETAILS

Flat/Unit No: _____ Street No: _____ Street: _____

Suburb: _____ City: _____

Day Ph: _____ A/h Ph: _____ Mobile: _____

Email address: _____

EMPLOYER CONTACT DETAILS

Name: _____ Address: _____

Phone: _____ Occupation: _____

Next of Kin/Emergency Contact:

Name: _____ Phone: _____

Relationship to you: _____

By signing this form I understand:

- That I am enrolling with The Peoples Centre Trust (TPCT a PHO) at The Peoples Centre as my preferred provider of medical or primary care services.
- That I can only be enrolled with one medical or primary care service at any one time.
- That for funding purposes and allocation of NHI numbers, the information on this form, including the doctor and date of my last visit will be sent to the Ministry of Health and sometimes to my local DHB for health planning purposes.
- I accept that for funding purposes CMCT will be informed of any casual visits I make to other doctors and of any enrolments I make at other PHO's.

I agree that my address and contact details can be given to The Peoples Centre for the purpose of establishing or updating my membership details.

I declare that the information I have given is true and complete as far as I know.

Signed: _____ Date: _____ / _____ / _____

CHILD ENROLMENT

I would also like to confirm enrolment for my other family members (under 16yrs old)

Surname: _____ First Name: _____

Date of Birth: Day _____ Month _____ Year _____ Gender: MALE / FEMALE

Country of Birth: _____ First Language: _____

Ethnicity: _____ Permanent Residence in NZ: YES / NO

NHI Number: _____ (Please leave blank if not known)

Surname: _____ First Name: _____

Date of Birth: Day _____ Month _____ Year _____ Gender: MALE / FEMALE

Country of Birth: _____ First Language: _____

Ethnicity: _____ Permanent Residence in NZ: YES / NO

NHI Number: _____ (Please leave blank if not known)

Surname: _____ First Name: _____

Date of Birth: Day _____ Month _____ Year _____ Gender: MALE / FEMALE

Country of Birth: _____ First Language: _____

Ethnicity: _____ Permanent Residence in NZ: YES / NO

NHI Number: _____ (Please leave blank if not known)

Surname: _____ First Name: _____

Date of Birth: Day _____ Month _____ Year _____ Gender: MALE / FEMALE

Country of Birth: _____ First Language: _____

Ethnicity: _____ Permanent Residence in NZ: YES / NO

NHI Number: _____ (Please leave blank if not known)

Surname: _____ First Name: _____

Date of Birth: Day _____ Month _____ Year _____ Gender: MALE / FEMALE

Country of Birth: _____ First Language: _____

Ethnicity: _____ Permanent Residence in NZ: YES / NO

Signed: _____ Date: ____ / ____ / ____