



Manurewa Peoples Centre

7 Halver Road, Manurewa

Ph: 09 267 6331 Fx:09 2676422

EDI: mpeoplec

Title	Mr Mrs Ms Miss Dr	Place / Country of birth:	
Names *	First Name/s * Last Name *	Date of Birth *	____/____/____ Day Month Year
Preferred Name		NHI:	
Other Names Known By (e.g. maiden name)		Gender *	<input type="checkbox"/> Male <input type="checkbox"/> Female
Physical Address	Street or Rapid (rural) number	Name of Street	How did you find out about us?
	Suburb		
	City/Town	Postcode	
Postal Address (If different from above)			High User Health Card
			YES / NO
Day Phone			Card Number
			Expiry Date
Night Phone			Card Number
			Expiry Date

Emergency Contact * Next of Kin	Which ethnic group do you belong to? *	(Tick the spaces which apply to you)
Name of person to contact: _____	New Zealand European	Niuean
Relationship to you: _____	Maori	Chinese
Ph Number/s: _____	Samoan	Indian
Address: _____	Cook Island Maori	Other (Please state)
	Tongan	_____

Dependents listed on this form will also be enrolled in the PHO as long as I am legally entitled to sign on their behalf (see over)					
NHI	First Names	Family Name	Gender	Ethnicities	Date of Birth
					/ /
					/ /
					/ /
					/ /
					/ /

Transfer of Records *
In order to get the best care possible, I agree to The Manurewa Peoples Centre obtaining my /our medical records from my previous Doctor. I also understand that I will be removed from their practice register
Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable <input type="checkbox"/>
Previous Doctor's Name: _____ Address _____
GP Ph No: _____ Patients Signature: _____ Date: _____
RECEPTION TO COMPLETE BEFORE SCANNING INTO MEDTECH
Transfer Request Date Faxed: _____ GP Fax No: _____ Staff Name: _____

I intend to use Manurewa Peoples Centre as my regular and on going provider of general practice / GP / First Level primary health care services.

I am eligible to enrol because I meet one of the following criteria: I am a New Zealand Citizen **AND** I am currently residing permanently in New Zealand **OR**

- a. I hold a residence permit **AND** have been in New Zealand for at least 2 years, or hold a current returning residents visa **OR**
- b. I am an Australian citizen or an Australian permanent resident able to show that my total stay in New Zealand is or will be at least 2 years **OR**
- c. I am a work permit holder able to show that I am able to be in New Zealand for at least 2 years **OR**
- d. I am under 18 and in the care and control of my parent/legal guardian/adopting parent, who is one of a–d above.
- e. I am a refugee **OR** in the process of applying or appealing for refugee status **OR**
- f. I am a Ministry of Education Foreign Language Teaching Assistant
- g. I am on a New Zealand Official Development Assistance or Commonwealth scholarship (or my partner/parent is a NZODA scholarship holder)

I confirm that, if requested, I can provide proof of my eligibility.

My agreement to the enrolment process

Parent or caregiver to sign if you are under 16 years

I choose to enrol with this practice as my regular and on going provider of general practice / GP / First Level primary health care services.

I understand that by enrolling with this practice I will be enrolled with The National Hauora Coalition which this practice belongs to, and my name address and other identification details will be included on both the The Peoples Centre Trust and The National Hauora Coalition Enrolment Register.

I understand that if I visit another 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 with The National Hauora Coalition, and their contact details.

I have read and I agree with the Health Information Privacy Statement (overleaf).

I agree to inform the practice of any changes in my eligibility.

	/ / Day Month Year
SIGNATURE	DATE

OR Signed by AUTHORITY

Full Name of Authority	Contact Phone Number	Relationship
Address	Signature of Authority	/ / Day Month Year
Detail the basis of authority (e.g. parent of a child under 16):		