

I am eligible to enrol because I am residing permanently in New Zealand.

I live in New Zealand and meet one of the following eligibility statements:* (please tick)

- a. I am a New Zealand citizen (including those from Cook Islands, Niue or Tokelau) **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 2 years (previous permits included) **OR**
- e. I am an interim visa holder who is 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 New Zealand Aid Programme student studying in New Zealand 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 New Zealand and receiving funding from a New Zealand university under Commonwealth Scholarship and Fellowship Fund.

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

How did you hear about The Fono?

- a. Word of mouth
- b. Internet / Website
- c. Signage / building location
- d. Referral from another service
- e. Referral from community group
- f. Event
- g. Advertising (tick)**
- Radio Print Magazine TV
- Newspaper E-newsletter
- Other

MY AGREEMENT TO THE ENROLMENT PROCESS * NB 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 healthcare services.

I understand that by enrolling with this practice I will be enrolled with the Primary Health Organisation (PHO) this practice belongs to, and my name, address and other identification details will be included on both the Practice and the PHO 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 PHO, and their contact details.

I have read and I agree with the Health Information Privacy Statement in accompanying PHO information.

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

Signature*		Date*	
<i>Signature of patient enrolling</i>		Day month year	
OR signed by authority**			
Full name of authority	Contact phone number	Relationship	
Address	Signature of authority	Date*	
		Day month year	
Detail the basis of authority (e.g. parent of a child under 16):			

* Mandatory to complete

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