



# ENROLMENT FORM

## Glenfield Doctors on Chartwell

Address: 52 Chartwell Avenue, Glenfield Auckland 0629  
 Phone: 09-4412352 Fax: 09-4416176

EDI: **drjwilcx**  
 E: **gflddoctors@gmail.com**



<b>Note to Prior Provider: Please send records via GP2GP as follows:</b> <b>Dr Jon Wilcox MCNZ 11213 (preferential contact)</b> <b>Dr Jong Keung (Tony) Ryu MCNZ 61936</b> <b>Dr Saira Goroo MCNZ 58888</b>		NHI (Office use only)
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<b>Legal Name</b>	(Title)	Given Name	Middle Name(s)	Family Name
<b>Other Name(s)</b> (eg. Maiden/preferred)				Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/>
<b>Birth Details</b>		DD / MM / YYYY	Place of Birth	Country of birth
<b>Optional</b>		Marital status	Occupation	<b>Please note if not born in NZ we require a copy of your passport and proof of visa status.</b>

<b>Usual Residential Address</b>	House (or RAPID) Number and Street Name	Suburb/Rural Location	Town / City and Postcode
<b>Contact Details</b>	Mobile Phone	Home Phone	Email Personal (see note below) @
<b>Emergency Contact /NOK</b>	Name	Relationship	Mobile/Landline Contact

<b>Community Services Card</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Day / Month / Year of Expiry	Card Number
<b>High User Health Card</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Day / Month / Year of Expiry	Card Number

<b>Transfer of Records</b>	<i>In order to get the best care possible, I agree to the Practice obtaining my records from my previous Doctor. I also understand that I will be removed from their practice register, as I am only able to be enrolled at one practice at a time in NZ</i>		
	<input type="checkbox"/> Yes, please request transfer of my records	<input type="checkbox"/> No transfer (Casual)	<input type="checkbox"/> Not applicable
<b>Signature</b>	Previous Doctor and/or Practice Name		Address / Location

<b>Ethnicity Details</b> Which ethnic group(s) do you belong to?  <i>Tick the space or spaces which apply to you</i>	<input type="radio"/> NZ European <input type="radio"/> NZ Maori <input type="radio"/> Cook Is. Maori <input type="radio"/> Samoan <input type="radio"/> Tongan <input type="radio"/> Niuean <input type="radio"/> Chinese <input type="radio"/> Sth Korean <input type="radio"/> Filipino <input type="radio"/> Indonesian <input type="radio"/> Chinese Malay <input type="text"/>	<b>Primary Language Spoken:</b> <i>plus IWI if Maori:</i>
	Other eg. Indian, Sri Lanka, UK, Aust, USA, Canada, Niue, Iraq, Iran etc	Smoking status (if over 15)      Never smoked <input type="checkbox"/> Ex-smoker <input type="checkbox"/> Greater than 15mths <input type="checkbox"/> less than 12 mths <input type="checkbox"/> Current smoker <input type="checkbox"/> Would you like support to quit?      Yes <input type="checkbox"/> Not right now <input type="checkbox"/>
		<input type="checkbox"/> I authorise <b>Glenfield Doctors</b> to contact me via text message <input type="checkbox"/> I authorise <b>Glenfield Doctors</b> to contact me via above email <input type="checkbox"/> The nominated email address above is personal to me <input type="checkbox"/> Alt email (eg. fam/work) .....@.....

## My declaration of entitlement and eligibility

**I am entitled to enrol** 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 enrol** because:

a	I am a <b>New Zealand citizen</b> (If yes, tick box and proceed to I confirm that, if requested, I can provide proof of my eligibility below)	<input type="checkbox"/>
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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)	<input type="checkbox"/>
c	I am an Australian citizen or Australian permanent resident <b>AND</b> able to show I have been in New Zealand or intend to stay in New Zealand for at least 2 consecutive years	<input type="checkbox"/>
d	I have a work visa/permit for at least one year <b>AND</b> can also show that I am legally able to be in New Zealand for at least 2 years (previous permits included) Date of first Legal NZ entry.....	<input type="checkbox"/>
e	I am an interim visa holder who was eligible immediately before my interim visa started	<input type="checkbox"/>
f	I am a refugee or protected person <b>OR</b> in the process of applying for, or appealing refugee or protection status, <b>OR</b> a victim or suspected victim of people trafficking	<input type="checkbox"/>
g	I am <b>under 18 years</b> and in the care and control of a parent/legal guardian/adopting parent who meets one criteria in clauses (a) to (f) above <b>OR</b> in the control of the Ministry of Social Development	<input type="checkbox"/>
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)	<input type="checkbox"/>
i	I am participating in the Ministry of Education's Foreign Language Teaching Assistantship scheme	<input type="checkbox"/>
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	<input type="checkbox"/>

<b>I confirm</b> that I have provided proof of my eligibility	<input type="checkbox"/>	Evidence sighted (Office use only)
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## My agreement to the enrolment process

**NB. Parent or Caregiver to sign if you are under 16 years**

**I intend to use this practice** as my regular and ongoing provider for general practice / GP / primary health care services.

**I understand** that by enrolling with Glenfield Doctors on Chartwell I will be included in the enrolled population of Comprehensive Care PHO, and my name, address and other identification details will be included on the Practice, PHO and National Enrolment Service Registers. Personal details and clinical notes may be shared with other Health Providers, or third party requests as part of my healthcare eg. ACC, Insurance Company requests, Ministry of Health, WINZ etc.

**I understand** that if I visit another health care provider where I am not enrolled I most likely will be charged a higher fee.

**I understand** that by **visiting another provider** Glenfield Doctors will be be invoiced up to **\$35 per visit** and multiple visits may then generate an office surcharge or a change to non-enrolled (but regd.) status. **Free visits for children may also require a small surcharge from 2018 onwards.**

**I have been given information or informed** about the benefits and implications of enrolment and the services this practice and PHO provides along with the PHO's name and contact details.

**I have read and I agree** with the Use of Health Information Statement. The information I have provided on the Enrolment Form will be used to determine eligibility to receive publicly funded services. Information may be compared with other government agencies, but only when permitted under the Privacy Act.

**I agree** to inform the practice of any changes in my contact details and entitlement and/or eligibility to be enrolled.

<b>Signatory Details</b>	Signature	Day / Month / Year	<input type="checkbox"/>	<input type="checkbox"/>
			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.**

<b>Authority Details</b> <i>(where signatory is not the enrolling person)</i>	Full Name	Relationship	Contact Phone
	Basis of authority (e.g. parent of a child under 16 years of age)		