

For office use:

Date \_\_\_/\_\_\_/\_\_\_ Receptionist's initials \_\_\_\_\_ Data in Blue Folder? [ ] Enrolment form checked [ ]

## Green Bay Medical Centre

70 Godley Road Green Bay Auckland 0604

Phone 09 8274075 Fax 09 8277024

### Application Form

Please tick and complete all sections below that apply; two (or more) criteria may be required.

[ ] Immediate family member(s), living at the same address, is/are enrolled patient(s) of the Practice: Please give their names \_\_\_\_\_ and their relationship to you: \_\_\_\_\_

Resident of [ ] Pinesong

[ ] Green Bay **OR**

[ ] Former patient who qualifies under one of the other criteria

**Exceptional circumstances:** Please detail these: \_\_\_\_\_

**Application(s) for:** (as detailed on attached enrolment form)

Last name \_\_\_\_\_ First name \_\_\_\_\_ Country of birth \_\_\_\_\_ \*\*

**please note**, if you were **NOT** born in New Zealand, we need proof that you are entitled to access NZ Health services.

**\*\*Please bring your NZ Passport, Residency permit or Work permit which covers 2 years or more.**

Daytime Phone number/s \_\_\_\_\_ Cell phone \_\_\_\_\_

**Plus (children under 16 years) - please complete an ENROLMENT form for each child**

Last name \_\_\_\_\_ First name \_\_\_\_\_ Country of birth \_\_\_\_\_

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**I am / we are currently enrolled at** (Medical Centre) \_\_\_\_\_

Please ensure that enrolment form is fully completed (especially those mandatory sections marked \*)

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