

PHO ENROLMENT APPEAL FORM

You have 30 days from the date when you were declined enrolment to appeal the decision to decline to enrol you.

If you are a couple or a family that has been declined enrolment this form should be completed for each individual.

Send the completed form to:

PHO Enrolment Appeal Office
DHB Shared Services
P.O Box 23075
Wellington 6140

Or email the completed form to ALLDHBs@dhbsharedservices.health.nz

The Enrolment Appeal Office will respond to you within 20 working days of receiving your appeal.

Title	Mr Mrs Ms Miss Dr	First Name(s)		Family Name	
Address		Street or Rapid (rural) number	Name of Street	NHI	
		Suburb		Date of Birth	____/____/____ Day Month Year
		City/Town	Postcode	Name of Practice	
Contact phone number				Practice phone number	
Date enrolment was declined	____/____/____ Day Month Year			Practice address	
Eligibility					Circle which applies to you
I am eligible for publicly funded services because I meet one of the following criteria:					
I am a New Zealand citizen					Yes / No
I hold a resident visa or a permanent resident visa (or a residence permit if issued before December 2010)					Yes / No
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					Yes / No
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)					Yes / No
I am an interim visa holder who was eligible immediately before my interim visa started					Yes / No

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	Yes / No
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	Yes / No
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	Yes / No
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)	Yes / No
I am participating in the Ministry of Education Foreign Language Teaching Assistantship scheme	Yes / No
I am a Commonwealth Scholarship holder studying in NZ and receiving funding from a New Zealand university under the Commonwealth Scholarship and Fellowship Fund.	Yes / No

Attach proof of your eligibility. Copies of birth certificates, passports, etc are acceptable.

(1) Would you like this practice to be your regular and ongoing provider of general practice services?	Yes / No
(2) Were you declined enrolment because:	
a. You did not meet the criteria that you intend to be residing in New Zealand for more than 183 days in the next 12 months.	Yes / No
b. For some other reason? Please state the reason.	
(3) Please explain why you think you should be allowed to be enrolled in the practice.	
SIGNATURE	DATE