

PHO ENROLMENT APPEAL PROCESS

An enrolling person has 30 days from the date when they were declined enrolment to appeal the decision to decline to enrol. If the enrolling person(s) a couple or a family that has been declined enrolment this form should be completed for each individual.

Email the completed form to:

info@tas.health.nz

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

PHO ENROLMENT APPEAL FORM

Email completed form to: info@tas.health.nz or post to Central TAS, PO Box 23075, Wellington 6140

Legal Name	<small>(Title)</small>	Given Name	Other Given Name(s)	Family Name
Birth Details		Day / Month / Year of Birth	Country of Birth	NHI Number <i>(Practice to supply)</i>
Usual Residential Address		House (or RAPID) Number and Street Name	Suburb/Rural Location	Town / City and Postcode
Contact Details		Mobile Phone	Home Phone	Email Address
Practice Details		Practice Name	Practice Phone Number	Day / Month / Year when enrolment was declined

I am entitled to enrol because:

I intend to use this practice as my regular and ongoing provider of general practice services	<input type="checkbox"/>
I am residing permanently in New Zealand. <small>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</small>	<input type="checkbox"/>

I am eligible to enrol because:

a	I am a New Zealand citizen	<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 AND 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 and can show that I am able to be in New Zealand for at least 2 years (previous permits included)	<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 OR in the process of applying for, or appealing refugee or protection status, OR a victim or suspected victim of people trafficking	<input type="checkbox"/>
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 in the control of the Chief Executive 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 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"/>

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

<p><i>Please state on what criteria where you were declined enrolment with this practice</i></p>
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<p><i>Please explain why you believe you should be permitted to enrol with this practice</i></p>
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Signatory Details	Signature	Day / Month / Year
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