



ENROLMENT FORM 注册表 109 Doctors



Fields marked with an* are compulsory
带*号为必填项目

EDI: drs109gp
Dr. Andrew Shiu NZMC 37700

* NHI(Office use only) (仅官方使用)

Name 姓名	(Title) (称呼)	*Given name *名	*Other Given Name(s) *其他名字	*Family Name *姓
Birth Details 出生信息		*Day/Month/Year of birth *生日/月/年	*Place of Birth *出生城市	*Country of birth *出生国家
Gender 性别		<input type="checkbox"/> *Male 男	<input type="checkbox"/> *Female 女	<input type="checkbox"/> * Gender diverse 其他
Occupation 职业		Company Name 公司名称		Occupation 职业
		Company address 公司地址		Work Phone 工作电话

Usual Residential Address 常住地址	*House(or RAPID) Number and Street Name *门牌号及街道名	*Suburb/Rural Location *地区名	*Town/City and Postcode *城市名及邮编号码
Postal Address (If different from above) 邮寄地址(如果和上述地址不同请填写)	House Number and Street Number or PO Box Number 门牌号及街道名或者邮政信箱号码	Suburb/Rural Delivery 地区名	Town/City and Postcode 城市名及邮编号码

Contact Details 联系方式	Mobile Phone 手机号码	Home Phone 座机号码	Email Address 电子邮箱
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Do you consent to the practice sending TEXT messages for the purpose of recalls, surveys & updating your details? 您是否同意本诊所为回访、调查和更新您的资料而发送短信?	<input type="checkbox"/> Yes 是	<input type="checkbox"/> No 否
Do you consent to the practice sending EMAILS for the purpose of recalls, surveys & updating your details? 您是否同意本诊所为回访、调查和更新您的资料而发送邮件?	<input type="checkbox"/> Yes 是	<input type="checkbox"/> No 否

Emergency Contact 紧急联系人	Name 姓名	Relationship 关系	Mobile (or other) Phone 联络电话
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Transfer of Records I agree to 109 Doctors obtaining my records from my previous doctor, which will mean I will be removed from their practice register. 移交医疗记录 我同意109 Doctors从我之前的家庭医生处索取我的病例, 我明白我将不再是前家庭医生的注册病人。

<input type="checkbox"/> Yes, please request transfer 请移交	<input type="checkbox"/> Not applicable/ No Transfer 没有注册过家庭医生/无需转移
Signature 签名	
Previous Doctor and/or Practice Name and Address 前家庭医生名字和或前家庭医生诊所名字及地址	
Date 日期	

*Ethnicity Details Which ethnic group(s) do you belong to? Tick the space or spaces which apply to you *种族信息 你属于什么种族? 请选择	<input type="radio"/> New Zealand European 新西兰欧洲人 <input type="radio"/> Maori 毛利人 <input type="radio"/> Samoan 萨摩亚人 <input type="radio"/> Cook Island Maori 库克群岛毛利人 <input type="radio"/> Tongan 汤加人 <input type="radio"/> Niuean 纽埃人 <input type="radio"/> Chinese 中国人 <input type="radio"/> Indian 印度人 <input type="radio"/> Others (Such as Dutch, Japanese, Tokelaua). Please state 其他 (例如荷兰人, 日本人, 托克劳人) 请说明	Iwi: 毛利部落: Hapu: 毛利子部落:	
		Community Services Card Number 社区服务卡号码	Expiry Date 失效日期
		High User Health Card Number 高患病率者健康卡号码	Expiry Date 失效日期
		Smoking Status (if over 15) 吸烟状况 (如果大于 15 岁) <input type="checkbox"/> Never Smoked 从不吸烟 <input type="checkbox"/> 戒烟者 <input type="checkbox"/> 戒烟超过 15 个月 <input type="checkbox"/> 戒烟小于 12 个月 <input type="checkbox"/> 目前吸烟者	
	If you are a current smoker or have recently quit, we would like to help you stop to improve your health. Would you like help to stop/stay and ex-smoker? 如果你目前正在吸烟或者刚开始戒烟, 我们想帮助你戒烟以改善健康状况。你希望得到戒烟的帮助吗? Would you like support to quit? 你希望得到戒烟的帮助吗? <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否		

My declaration of entitlement and eligibility 符合注册标准的声明

<p>I am entitled to enrol because I am residing permanently in New Zealand. 我符合注册的标准, 因为我永居在新西兰</p> <p>The definition of residing permanent/y in NZ is that you intend to be resident in New Zealand/or at least 183 days in the next 12 months 永居的定义是您打算在之后的12个月之内在新西兰居住至少 183 天</p>	<input type="checkbox"/>
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I am eligible to enrol because: **我符合注册标准** 因为

a	<p>I am a New Zealand citizen.(If yes, tick box and proceed to I confirm that I can provide proof of my eligibility below) 我持有新西兰护照 (如果是, 请勾选方框并前往下方 “我确认我可以提供我符合注册标准的证明”)</p>	<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: 如果您**不是**新西兰公民, 请在下面勾选适用于您的资格标准 (b-j) :

b	<p>I hold a resident visa or a permanent resident visa (or a residence permit if issued before December 2010) 我持有新西兰居民或者永久居民签证(或在 2010 年 12 月之前签发的居留许可)</p>	<input type="checkbox"/>
c	<p>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. 我持有澳大利亚护照或澳大利亚永久居留证, 并且我已经或者我将在新西兰持续居留至少两年</p>	<input type="checkbox"/>
d	<p>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). 我持有新西兰工作签证且我可以在新西兰居住至少两年 (包括之前的许可)</p>	<input type="checkbox"/>
e	<p>I am an interim visa holder who was eligible immediately before my interim visa started. 我持有临时签证, 且在临时签证前符合注册标准</p>	<input type="checkbox"/>
f	<p>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. 我是难民或受保护者, 或正在申请或上诉难民或受保护身份, 或人口贩运的受害者或可能受害者</p>	<input type="checkbox"/>
g	<p>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 我未满 18 岁, 由满足上述 a-f 条中的任一项标准的父母/法定监护人/养父母照顾或者由社会发展部首席执行官管理</p>	<input type="checkbox"/>
h	<p>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) 我是一个新西兰援助计划的学生, 在新西兰学习并接受官方发展资助金(或其伴侣或 18 岁以下的孩子)</p>	<input type="checkbox"/>
i	<p>I am participating in the Ministry of Education Foreign Language Teaching Assistantship scheme 我正在参加教育部的外语助教计划</p>	<input type="checkbox"/>
j	<p>I am a Commonwealth Scholarship holder studying in NZ and receiving funding from a New Zealand university under the Commonwealth Scholarship and Fellowship Fund 我是在新西兰学习的英联邦奖学金获得者, 并接受新西兰大学英联邦奖学金和助学金提供的资助</p>	<input type="checkbox"/>

<p>I confirm that I can provide proof of my eligibility. 我确认我可以提供符合注册标准的证明</p>	<input type="checkbox"/>	<p>Evidence sighted (Office use only) 证明已提交 (仅官方使用)</p>
<p>My work/student/visitor/other visa is valid for a period of 我的工作/学习/访客/其他签证有效期长达</p>	<p>Year(s) 几年:</p>	<p>Expiry Date: 签证失效日期:</p>

My agreement to the enrolment process NB. Parent or Caregiver to sign if you are under 16 years
注册同意书 注意: 如果您未满 16 岁, 请由父母或监护人签字

I intend to use this practice as my regular and on-going provider of general practice / GP / health care services.
我选择此家庭医生诊所 作为我的医疗提供者/家庭医生/基本卫生保健务服务者。

I understand that by enrolling with the [Practice Name], I will be included in the enrolled population of National Hauora Coalition PHO, and my name address and other identification details will be included on the Practice, PHO and National Enrolment Service Registers.
我明白 在此诊所注册的同时我也将在诊所归属的 PHO 机构注册, 我的名字、地址及其它身份证明将被保留在此诊所和此机构。

I understand that if I visit another health care provider where I am not enrolled I may be charged a higher fee.
我明白 如果我到另一个非注册的诊所就诊, 我可能会被收取更高的诊费。

I have been given information about the benefits and implications of enrolment and the services this practice and PHO provides along with the PHO's name and contact details.
我已被告知 有关注册的好处和影响的信息, 以及本诊所和PHO提供的服务, 还有PHO的名称和联系方式。

I have read and I agree with the Use of 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.
我已阅读并同意 《信息使用声明》。我提供的信息将被用于确定接受公共资助服务的资格。信息可能会被用于与其他政府机构进行比对, 但仅限于《隐私法》允许的情况。

I understand that the Practice participants in a national survey about people's health care experience and how their overall care is managed. Taking part is voluntary and all responses will be anonymous. I can decline the survey or opt out of the survey by informing the Practice. The survey provides important information that is used to improve health services.
我了解 该诊所参与了一项关于人们的医疗保健体验以及他们的整体健康服务的全国调查。参与是自愿的, 所有回复都将是匿名的。我可以拒绝调查或选择通知诊所退出调查。该调查提供了用于改善卫生服务的重要信息。

I agree to inform the practice of any changes in my contact details and entitlement and/or eligibility to be enrolled.
我同意 如果我的联络方式/资格证明有任何变动, 我会通知诊所。

Signatory Details 签名详情	Signature 签字	Day/ Month/ Year 日/月/年	<input type="checkbox"/> Self signing 本人签字	<input type="checkbox"/> Authority 授权人签字
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An authority has the legal right to sign for another person if for some reason they are unable to consent on their own behalf.

如果出于某种原因注册人**无法自行注册**, 授权人有合法权利为注册人注册。

Authority Details (where signatory is not the enrolling person) 授权人详情 (如果不是注册人本人签字)	Full Name 全名	Relationship 关系	Contact Phone 联系电话
Basis of authority (e.g. parent of a child under 16 years of age) 授权依据 (如 16 岁以下儿童的父母)			