CASUAL ENROLMENT FORM

Legal Name*	(Title)	Family Name	First Name(s)	Middle Name(s)
Other Name(s) Eg: Maiden Name/Preferred Name) Please tick the name you prefer to be known as			**NHI** (office Use only)	**I.D:** Photo I.D. sighted ☐ Address Verified ☐
Birth Details*		Day/Month/Year of Birth*	Place of Birth*	Country of Birth*
Gender*	☐ Male	☐ Female	Gender diverse (please state) Gender Assigned at Birth: F/M Preferred Gender you Identify as:	**Student ID No:**

During Academic Year. Residential Address*	House (or RAPID) Number and Street Name	Suburb/Rural Location	Town / City and Postcode
Postal Address (if different from above)	House Number and Street Name or PO Box Number	Suburb/Rural Delivery	Town / City and Postcode

Contact Details	Mobile Phone	Home Phone	I agree to receiving Txt messages Yes ☐ No☐ Email Address
Emergency Contact/NOK	Name	Relationship	Mobile (or other) Phone

Community Services Card	☐ Yes	☐ No	Day / Month / Year of Expiry	Card Number
High User Health Card	☐ Yes	☐ No	Day / Month / Year of Expiry	Card Number
NZAID Student	☐ Yes	☐ No	**Permanent Resident** Yes ☐ No ☐	**Allergies:** to medication please specify.

Smoking Status:	Smoker ☐	Never Smoked ☐	Ex-Smoker ☐ No. years since quit
Cervical Screening Status: Normal ☐ Date:		**Previous Abnormal:** Date:	**HPV Vaccine:** Yes ☐ No ☐ Date:

Ethnicity Details

Which ethnic group(s) do you belong to? (Tick multiple boxes if needed, including Iwi.)

◯ New Zealand European ◯ Maori ◯ Samoan ◯ Cook Island Maori ◯ Tongan ◯ Niuean

◯ Chinese ◯ Indian ◯ Other (such as Dutch, Japanese, Tokelauan). Please state:

Consent to Share Health Information with other Health Providers involved in my care: Yes ☐No ☐

Iwi

Signatory Details	Signature	Day / Month / Year	☐ Self Signing