

## Student Health | Te Ratoka Hauora Ākoka Enrolment Form

|                                                    |                          |                                                          |                    |
|----------------------------------------------------|--------------------------|----------------------------------------------------------|--------------------|
| Last Name:                                         | First Name (s):          | Preferred Name:                                          | Previous Name:     |
|                                                    |                          |                                                          |                    |
| Country of Birth:                                  | Town/City of Birth:      | Date of Birth:                                           | Student ID number: |
|                                                    |                          |                                                          |                    |
| Dunedin Address:                                   |                          |                                                          |                    |
|                                                    |                          |                                                          |                    |
| Cell Phone Number:                                 | Preferred Email Address: |                                                          |                    |
|                                                    |                          |                                                          |                    |
| Gender:                                            | Assigned Sex (at birth): | Pronouns:                                                |                    |
|                                                    |                          |                                                          |                    |
| Ethnicity/Nationality:                             | Iwi:                     | Next of Kin Contact Name, Phone Number and Relationship: |                    |
|                                                    |                          |                                                          |                    |
| NZ Emergency Contact Name, Phone and Relationship: |                          |                                                          |                    |
|                                                    |                          |                                                          |                    |

**To be eligible for publicly funded primary health care in New Zealand, you must meet one of the following criteria:**

NZ resident or citizen OR have a work visa/permit and can show that you are able to be in New Zealand for at least 2 years, OR an Australian citizen and able to show you have been in New Zealand or intend to be in New Zealand for at least 2 consecutive years OR a NZ Scholarship Programme student studying in NZ and receiving Official Development Assistance funding. If requested, you must be able to provide proof of your eligibility.

Please tick the option that applies to you:      NZ CITIZEN: ☐      NZ RESIDENT: ☐

NZ SCHOLARSHIP programme: ☐ (studying in NZ and receiving Official Development Assistance funding)

AUSTRALIAN citizen: ☐      How long do you intend to stay in New Zealand? \_\_\_\_\_

INTERNATIONAL student: ☐      Country of origin \_\_\_\_\_      Name of Medical Insurance: \_\_\_\_\_

Student Health Services is not a Primary Health Organisation (PHO) or a member of any PHO. We require you to enrol with us and provide demographic information to enable us to provide you with a full range of primary health care services.  
Completing the declaration below does not affect any existing enrolment you have with a PHO.  
You may choose to remain registered at your current GP practice and still attend Student Health.

On enrolment at Student Health, you will be registered into our patient portal Manage My Health using the email address written above.  
If you wish to opt off tick here ☐

**Declaration - IMPORTANT – PLEASE READ AND SIGN BELOW**

Please enrol me with Student Health Services.

- I have read and understand the Student Health, University of Otago Privacy Statement. The information I have provided on this enrolment form will be used to determine eligibility to receive publicly funded services.
- I understand that the practice may share my health information between healthcare providers using the shared digital health record, a secure system for storing electronic patient records and that all information is kept confidential and checks are in place to monitor all access.  
If you do not wish this information to be shared with external health care providers, please discuss with your clinician at Student Health.
- Student Health may send you general advice by email in response to health information you have entered on your Medical History Form

I understand that when I cease paying the Otago University Student Services Fee, I am no longer eligible to use Student Health Services.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you have any questions concerning our form, please contact us on 0800 479 821 or 03 479 8212.  
Please return form to Student Health Services, PO Box 56, Dunedin 9054

|             |                 |      |       |
|-------------|-----------------|------|-------|
| NHI number: | Staff initials: | MMH: | Date: |
|             |                 |      |       |