Student Health Services - Cnr Walsh & Albany Streets, PO Box 56, Dunedin 9054

Enrolment Form

Last Name	First Name (s)	Preferred Name	Previous name
Country of Birth	**Town/City of Birth**	**Date of Birth**	**Student ID number**
Gender & Preferred Pronouns	**Dunedin Address:**		
Cell phone number	**Otago student email address:**		**Preferred method of contact**
Ethnicity/Nationality:	**Next of Kin Contact Name, Phone Number and Relationship:**		
NZ Emergency Contact Name, Phone and Relationship:			
Have you previously attended Student Health as a Foundation/Language School student?			
NO ☐ **YES** ☐ ***If Yes –what was your student ID?***			

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.

Declaration - IMPORTANT – PLEASE READ AND SIGN BELOW

Please enrol me with Student Health Services. I understand that under the health information privacy code, my clinician may
1. Share my information with other health organisations to be used in a non-identifiable manner for health statistics.
2. For funding purposes be required to provide some identifiable information to other health organisations.
3. Share my health information with other Student Health staff and external health care providers with the intent of improving the coordination, safety and quality of my health care.
If you do not wish this information to be shared with external health care providers please discuss with your clinician at Student Health.
4. 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

Student Health reception checklist:	*NHI number:*	*Staff initials:*	*Date:*