

## New Born Enrolment

When an enrolment form is received for a baby that is currently enrolled using the “B” Code for New Born Preliminary Enrolment, the practice should update the enrolment details by going to the enrolment form area and follow the steps below.

Search for the patient and then click on the enrolment icon

Update any details as appropriate from the newly received enrolment form on Tabs – 1 and 2 of the enrolment form, moving on using “Save & Proceed”.

On Tab 3 – Update the Enrolment Status from Newborn Preliminary Enrolment to Confirmed Enrolment, and change the Enrolment Date to the date on the newly received form. Move on using “Save & Proceed”.

On Tab 4, check that the details are correct, including the provider the baby is registered with. Move on using “Save & Proceed”.

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**Signed Authority**

I intend to use Victoria Clinic as my regular and ongoing provider of general practice / GP / First Level primary health care services.

I am entitled to enrol because I am residing permanently in New Zealand and meet one of the following eligibility criteria:

- (1) I am a New Zealand citizen OR
  - (a) I hold a resident visa or a permanent resident visa (or a residence permit if issued before December 2010) OR
  - (b) I am an Australian citizen or Australian permanent resident AND am able to show that I have been in New Zealand or intend to stay in New Zealand for at least 2 consecutive years OR
  - (c) I have a work agreement and can show that I am able to be in New Zealand for at least 2 years (overseas periods included) OR
  - (d) I am an interim visa holder who was eligible immediately before my interim visa started OR
  - (e) I am a refugee or protected person OR in the process of applying for or awaiting refugee or protection status OR a victim or substantial victim of justice trafficking OR
  - (f) I am under 18 years and in the care and control of a parent/guardian/adopting parent who meets one criterion in clauses 1 of above OR in the control of the Chief Executive of the Ministry of Social Development.
- (2) 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) OR
- (3) I am participating in the Ministry of Education Foreign Language Teaching Assistants scheme OR
- (4) I am a Commonwealth Scholarship holder studying in New Zealand and receiving funding from a New Zealand university under the Commonwealth Scholarship and Fellowship Fund. (The definition of study in NZ & the criteria applies to the student in New Zealand for at least 102 days in the last 12 months.)

\*The definition of study in NZ & the criteria applies to the student in New Zealand for at least 102 days in the last 12 months.

If not met, if requested, I can provide proof of my eligibility.

**My Agreement to Enrolment Process**

**MR, Parent or Caregiver to sign if you are under 18 years**

I intend to use this practice as my regular and ongoing provider of general practice / GP / health care services.

I understand that by enrolling with Victoria Clinic I will be included in the enrolled population that the Primary Health Organisation (PHO) this practice belongs to, and my name and other identification details will be included on practice, PHO and National Enrolment Service Registers.

I understand that if I visit another health care provider whilst I am not enrolled I may be charged a higher fee.

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.

I have read and agree with the Use of the Health 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 2020.

I understand that the Practice participates in the national survey about people's health care experience and how their general care is managed. Doing Part is voluntary and all responses will be anonymous. I can decline to opt out of the survey by informing the Practice. The survey provides important information that is used to improve the health services.

I agree to inform the practice of any changes in my contact details and entitlement and/or eligibility to be enrolled.

**Authorisation and Consent**

The main purpose for collecting this information is to assist in your care and treatment, but there are other related purposes such as assisting with the administrative aspects of your care, and monitoring the quality of patient care, treatment and health outcomes of our patients.

**You should note that:**

- All personal information collected during your treatment will be filed as part of a medical file and is subject to the provisions of the Health Information Privacy Code, 1994.
- You have the right to access this information and to request changes to personal details.
- Information may be shared with other health professionals in the interest of your treatment.
- Some information collected about you will be forwarded to the Ministry of Health or its agent and to the New Zealand Health Information Service.
- Some information may be used for identifiable purposes that will not identify you.
- Under the Privacy Act 2020, Victoria Clinic requires your permission to collect and hold information about your participation in the services offered by this organisation.

Provider: **Mtata FRANKLAND**  Not known

Signature: \_\_\_\_\_ J.

Default Location: **Victoria Clinic 1**

PHO: **Mtata Health**

Practice: **—Select—**

Date: **20/04/2020**

On Tab 5 – NHI Sync – Complete the following actions

1. Update & Sync indici data to NHI
2. Click on update enrolment

1 Patient Details 2 Employment & Insurance Details 3 Enrolment & Funding 4 Enrolment at Victoria Clinic 5 NHI Sync Prev Next

**Update Enrolment** 1 Update & Sync Indici Data 2 NHI Sync

**Enrolment & Funding**

**Enrolment Action** **Enrol** (Pre-Enrol (Newborn Babies))

**Health Service Type** First Level Service

**Patient Provider Enrolment Details**

Enrolling Organisation ID: G00005-K  
 Service Facility ID: FZZ999-B  
 Service Provider CPN: 962ZZZ  
 Local Processing Date: 2026-04-20

Enrolling Organisation Name: Victoria Clinic 1  
 Service Facility Name: Victoria Clinic 1

**Patient Demographic Details**

NHI Number: ZYG1094  
 Family Name: MOUSEY  
 Other Given Name: Lou  
 Name Prefix: Miss  
 Date Of Birth: 01/04/2006  
 Gender: Female  
 Locality Of Birth (City or Suburb): Nelson  
 Street Address: 160 Quarantine Road  
 Suburb: Annesbrook  
 Post Code: 7011

Given Name: Missie  
 Name Qualifier:  
 Name Suffix:  
 Country Of Birth: New Zealand  
 Town City: Nelson

Buttons: **Enrol Patient** **Cancel**

Change the Enrolment Action Field to Enrol

**NES: Active Enrolment Detail**

**Enrolment Parameters**

Enrolment Action: **Enrol** (Pre-Enrol (Newborn Babies))

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Given Name: Missie  
 Name Qualifier:  
 Name Suffix:  
 Country Of Birth: New Zealand  
 Town City: Nelson

Buttons: **Enrol Patient** **Cancel**

Once this field is completed click Close

Practice will review and set the status manually.