



WAITLIST APPLICATION FORM

Please complete all information in order for your application to be processed.

DATE.....

FULL NAME.....

DATE OF BIRTH.....

ADDRESS.....

EMAIL.....

PHONE CONTACT

CURRENT MEDICAL CENTRE/DOCTOR.....

Due to the current demand of Health Care we have very limited capacity to enrol please read the below carefully.

- I understand that if I am currently registered at a medical centre in the area then my waitlist application will not be processed. This will be checked before enrolments are fully processed.
- I understand that if I am not living in the Upper Hutt/Stokes Valley that my waitlist application will not be processed.
- I understand that once I am contacted by The Doctors Silverstream and offered a position to register, I have 10 working days from contact date to provide all required completed forms and appropriate ID. If I fail this timeframe then I will need to re-apply to the waitlist.

SIGNED.....

FAMILY MEMBERS DETAILS IF WISHING TO ENROL HERE ALSO

FULL NAME..... DATE OF BIRTH.....

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FULL NAME..... DATE OF BIRTH.....

Please contact the centre on (04) 527 7376 if you no longer wish to be on or waitlist or registered at our centre. Email: administration@ss.thedoctors.co.nz