# On Behalf Application for Enable NZ Hearing App Service

ENAB601a

[Assessor.info@enable.co.nz](mailto:Assessor.info@enable.co.nz)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **This request is for** | | | | |
| An administrator on behalf account to be set up in the Enable New Zealand Hearing App. | | | | |
| **Administrator details** | | | | |
| **Surname** | | | Surname | |
| **First name** | | | First name | |
| **Phone Number** | | | Phone number. | |
| **Email address** | | | Email address. | |
| **Organisation details** | | | | |
| **Organisation name** | | | Organisation name | |
| **Branch / Facility name** | | | Branch / Facility name. | |
| **Address line 1** | | | Address line. | |
| **Address line 2** | | | Address line. | |
| **Address line 3** | | | Address line. | |
| **Address line 4** | | | Address line. | |
| **Suburb** | | | Suburb. | |
| **City** | | | City. | |
| **Post code** | | | Post code. | |
| **Phone number** | | | Phone number. | |
| **Email address** | | | Email address. | |
| More than one organisation and/or branch/facility? | | | | Yes  No |
| **Note:** If yes, please provide additional information under organisation details on page 2. | | | | |
| **Audiologist declaration** | | | | |
| **Surname** | | | Surname | |
| **First name** | | | First name | |
| **Assessor number  (if known)** | | | Assessor # | |
|  | | As a current accredited Assessor, I authorise the above-named Administrator to transact Ministry of Health Hearing Services via Enable New Zealand Hearing App on behalf of the Assessors associated with the Facilities listed on this form. | | |
| **Date of declaration** | | | Click or tap to enter a date. | |
| **Assessor signature** | | |  | |
| **OFFICE USE ONLY** | | | DBA: \_\_\_\_\_  IT: \_\_\_\_\_ | |
| **Organisation details (continued)** | | | | |
|  | Additional organisation and/or branch/facility | | | |
| **Organisation name  (if applicable)** | | | Organisation name | |
| **Branch / Facility name** | | | Branch / Facility name. | |
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| **Address line 3** | | | Address line. | |
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| **Postcode** | | | Post code. | |
| **Phone number** | | | Phone number. | |
| **Email** | | | Email address. | |
|  | | Additional organisation and/or branch/facility | | |
| **Organisation name  (if applicable)** | | | Organisation name | |
| **Branch / Facility name** | | | Branch / Facility name. | |
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| **City** | | | City. | |
| **Postcode** | | | Post code. | |
| **Phone number** | | | Phone number. | |
| **Email address** | | | Email address. | |
| **Comments** | | | | |
| Click or tap here to enter text. | | | | |