# On Behalf Application for Enable NZ Hearing App Service

ENAB601a

Assessor.info@enable.co.nz

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| --- |
| **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. |
| **Address line 1** | Address line. |
| **Address line 2** | Address line. |
| **Address line 3** | Address line. |
| **Address line 4** | Address line. |
| **Suburb** | Suburb. |
| **City** | City. |
| **Postcode**  | Post code. |
| **Phone number**  | Phone number. |
| **Email** | Email address. |
|[ ]  Additional organisation and/or branch/facility |
| **Organisation name (if applicable)** | Organisation name  |
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| **Address line 4** | Address line. |
| **Suburb** | Suburb. |
| **City** | City. |
| **Postcode** | Post code. |
| **Phone number**  | Phone number. |
| **Email address** | Email address. |
| **Comments** |
| Click or tap here to enter text. |