# ENAB601a On Behalf Application for Enable Hearing App Services

*hearing@enable.co.nz*

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

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| **Organisation details (continued)** |
| [ ]  **Additional organisation and/or branch/facility** |
| Organisation name (if applicable) |   |
| Branch/Facility name |   | **OFFICE USE ONLY Address Book No.** \_\_\_\_ |
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| Phone |   |
| Email address |   |
| **Comments** |
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