|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | **ENAE221** | | **SPECTACLE SUBSIDY ON BEHALF APPLICATION FOR**  **ENABLE ONLINE SERVICES**  [**assessor.info@enable.co.nz**](mailto:assessor.info@enable.co.nz) **0800 17 1995** | | |
|  | | | | | | | |
| **THIS REQUEST IS FOR:** | | | | | | | |
|  | An Administrator on behalf account to be set up for Enable Specs App. | | | | | | |
| **ADMINISTRATOR DETAILS** | | | | | | | |
| **First Name** | | | |  | | |
| **Family Name** | | | |  | | |
| **Business Phone** | | | | (     ) | | |
| **Business Email Address** | | | |  | | |
| **ORGANISATION/ EMPLOYMENT DETAILS** | | | | | | | |
| **PRIMARY ORGANISATION** | | | | | | **OFFICE USE ONLY** Address Book No: | |
| **Organisation Name** | | | |  | | |
| **Branch/Facility Name** | | | |  | | |
| **Address Line 1** | | | |  | | |
| **Address Line 2** | | | |  | | |
| **Address Line 3** | | | |  | | |
| **Address Line 4** | | | |  | | |
| **Address Suburb** | | | |  | | |
| **Address City** | | | |  | | |
| **Address Postcode** | | | |  | | |
| **Email** | | | |  | | |
| **Telephone** | | | |  | | |
| More than one organisation and/or branch/facility  Note:If yes, please provide the additional information on page 2. | | | | | | | |
| **OPTOMETRIST/OPHTHALMOLOGIST DECLARATION** | | | | | | | |
| **First Name** | | | |  | | |
| **Family Name** | | | |  | | |
| **Assessor Number\* (if known)** | | | |  | | |
| ***As a current accredited Assessor*, *I authorise the above named Administrator to transact Ministry of Health Online Spectacle Subsidy via Enable Specs App on behalf of the Assessors associated with Facilities listed on this form. (I have read and understand the Terms and Conditions attached and agree to adhere to these.)*** | | | | | | | |
| **Date of Declaration** | | **/****/** | | | | | |
| **Assessor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | |

**OFFICE USE ONLY**: 🞏 DBA:      🞏 IT:

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| --- | --- | --- | --- | --- |
| **AUTHORISED FACILITY DETAILS (continued)** | | | | |
| **ADDITIONAL BRANCH/FACILITY** | |  | | |
| **Branch/Facility Name** |  | | |
| **Address Line 1** |  | | |
| **Address Line 2** |  | | |
| **Address Line 3** |  | | |
| **Address Line 4** |  | | |
| **Address Suburb** |  | | |
| **Address City** |  | | |
| **Address Postcode** |  | | **OFFICE USE ONLY** Address Book No: |
| **Email** |  | | |
| **Telephone** |  | | |
| **ADDITIONAL BRANCH/FACILITY** | |  | | |
| **Branch/Facility Name** |  | | |
| **Address Line 1** |  | | |
| **Address Line 2** |  | | |
| **Address Line 3** |  | | |
| **Address Line 4** |  | | |
| **Address Suburb** |  | | |
| **Address City** |  | | |
| **Address Postcode** |  | | **OFFICE USE ONLY** Address Book No: |
| **Email** |  | | |
| **Telephone** |  | | |
| **COMMENTS** | | | | |
|  | | | | |