# ENAB601a On Behalf Application for Enable Hearing App Services

[assessor.info@enable.co.nz](mailto: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 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  No Note: 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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| **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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