

Enrolment Form

Thank you for your interest in the *My Health myself* Self-Management Programme.

Please provide the following details:

Personal Details

Name: _____ NHI: _____

DOB: _____ Sex: F | M Gender: _____

Contact Details

Mobile: _____ Landline: _____

Email: _____

Street: _____ Suburb: _____

Town/City: _____ Postcode: _____

Preferred Venue

Dannevirke | Feilding | Foxton | Levin | Otaki | Pahiatua | Palmerston North

Preferred Course Type

General | Maori | Pasifika

Please register me for the course beginning: _____

If you have someone you would like to bring along please get them to fill in one of these too.

Post to

Referrals, Central PHO, P.O. Box 2075, Palmerston North Central, Palmerston North 4440

or fax to

06 354 6107

or

drop it into your GP

Thank you, we will be in contact with you once we have received your form