



ENAB601a

On Behalf Application For Enable Hearing App Services

hearing@enable.co.nz

0800 362 253

This Request is For:☐

An Administrator on behalf account to be set up in Enable Hearing 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 ☐ Yes ☐ No

Note: If yes, please provide the additional information on page 2.

Audiologist Declaration

First Name	
Family Name	
Assessor Number* (if known)	

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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 / /

Assessor Signature: _____

OFFICE USE ONLY: ☐ DBA:☐ IT:

Authorised Facility(Branch) Details (Continued)	
<input type="checkbox"/> 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	
<input type="checkbox"/> 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	