

New HOP Agreement Application Form Health of Older People (65+)

Please complete this form and return it to the Northern Regional Alliance, PO Box 112147, Penrose, Auckland 1642 or fax to (09)-589 3901 or email contractadmin@nra.health.nz

Legal Entity

Full Legal Entity Name:

Facility/Trading As Name:

Contact Name (For Legal Entity):

Physical Address of Legal Entity
(Compulsory):

Postal Address of Legal Entity (If
different from above):

Phone Number of Legal Entity:

Fax Number of Legal Entity:

Email of Legal Entity:

Facility Details

Contact Name (For Facility):

Physical Address of Facility (i.e. Rest
Home/Hospital Name, Compulsory):

Postal Address of Facility (i.e. Rest
Home/Hospital Name, Compulsory):

Phone Number of Facility:

Fax Number of Facility:

Email of Facility:

Facility Details (tick services and specify bed numbers that are applicable)

Services		Bed Numbers
<input type="checkbox"/>	Rest Home Beds	
<input type="checkbox"/>	Hospital Beds	
<input type="checkbox"/>	Psychogeriatric Beds	
<input type="checkbox"/>	Dementia Beds	
<input type="checkbox"/>	Other	

Start Date for Agreement

Start Date: _____

GST Registration (Please tick the appropriate box)

<input type="checkbox"/>	Yes, I am registered for GST. My number is:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="checkbox"/>	No, I am not registered for GST.
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Attachments to be included with Application

- **Certificate of Incorporation**
- **Direct Credit Details – Please attach a deposit slip with application** (Must match legal entity name)
- **Evidence of Certification with the Ministry of Health (MOH)**
*NB: Offer of the contract can only take place after the new provider has completed the certification process with the MOH. **The Certification process for a new provider can take approximately 90 days to complete.***

Signature: _____ Date: _____

CHECKLIST

(Please ensure that all of the attachments are enclosed with application as any missing documentation will create a delay in processing)

<input type="checkbox"/>	Bank Deposit Slip attached
<input type="checkbox"/>	Copy of Certification Certificate from HealthCert for this facility
<input type="checkbox"/>	Copy of Certificate of Incorporation

Notes

1. The Northern Regional Alliance is managing the approvals for Health of Older People Contracts.
2. Contact the Northern Regional Alliance about Health of Older People agreements on (09)-589 3922 or email contractadmin@nra.health.nz
3. Sector Services are responsible for all payments.
4. All inquiries about payments should be directed to Sector Services Dunedin by writing to Private Bag 1942, Dunedin 9054, or phoning 0800 281 222.