

# HealthSecure user registration form

**NZHSRA**  
FACILITATED BY ACC

Use this form to apply for a Digital Certificate as an individual user.

If you require assistance completing this form please call NZHSRA (New Zealand Health & Disability Sector Registration Authority) on 0800 117 590.

**Please Note: All steps on this application form are mandatory.**

## 1. ORGANISATION DETAILS

Organisation name as registered with NZHSRA:	
Work phone:	Email:

## 2. APPLICANT'S DETAILS FOR CERTIFICATE

Name:		Job title:
Work phone:	Mobile phone:	Email:
Preferred contact method: <input type="checkbox"/> Work phone <input type="checkbox"/> Mobile phone <input type="checkbox"/> Email <input type="checkbox"/> Post		
Please include your mobile number if you want to get your certificate password via a text message rather than call the HealthLink help desk.		

## 3. CERTIFICATE SECURITY

The following information is required by HealthLink to verify your identity when:	
1) Your password is initially issued; and	
2) You need to suspend, revoke or renew your certificate	
Date of birth:	Mother's maiden name:
For positive identification during telephone calls and similar, we ask you for your 'challenge phrase'. The challenge phrase is a unique sequence of letters and numbers with NO punctuation and a minimum of eight characters. You should record this for your own records but never disclose it to anyone	
Challenge phrase:	

## 4. APPLICANT'S DECLARATION

<input type="checkbox"/>	I declare that the information given in this form is true and correct, and that the NZHSRA (as the accredited Registration Authority) is authorised to verify this information.
Signature:	Date:

## 5. APPLICATION ACCESS APPLIED FOR

Please indicate which application/s you are applying for access to. You can choose more than one. If you are unsure, call the NZHSRA on 0800 117 590 Note: Please apply for individual user access directly with the application owner.	
<input type="checkbox"/> ACC <input type="checkbox"/> NHI <input type="checkbox"/> HIN <input type="checkbox"/> Special Authority <input type="checkbox"/> NIR <input type="checkbox"/> NZCSP Other:	
HealthLink will provide you with a file containing your key and certificate.	

**6. ORGANISATION AUTHORISED SIGNATORY**

This section must be completed by an authorised signatory in your Organisation, as supplied in your Organisation's Registration with the NZHSRA. (If you have several users and wish to bulk approve, please contact the NZHSRA for a User Approval List.

Name:

Job title:

Signature:

Date:

Send the original completed registration form to:

NZHSRA  
P O BOX 30823  
LOWER HUTT 5040

**7. FOR OFFICE USE ONLY**

Administrator:

Date:

Validator:

Date:

***New Zealand Health & Disability Sector Registration Authority***

*In the collection, use and storage of information the NZHSRA will at all times comply with the obligations of the Privacy Act 1993 and the Health Information Privacy Code 1994.*