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| **Well Child Tamariki Ora Provider Directory on the Ministry of Health website** |  |

If you are a Well Child Tamariki Ora (WCTO) provider and want to be featured in the WCTO Provider directory on <http://www.health.govt.nz>, please fill out this form and return it to us.

**Email OR fax the completed form**

**Email:** Save this form to your computer. Then fill it in and email the form as an attachment to: [christine\_stewart@moh.govt.nz](mailto:christine_stewart@moh.govt.nz)

**Fax:** Christine Stewart on (04 816 4401), National Health Board, Ministry of Health.

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| **1. First and last name of main contact person at your organisation:** |  | | | | | |
| **2. First and last name of person filling in this form:** |  | | | | | |
| **3. Date that you filled in this form:** |  | / |  | / |  |

**Note:** The information you provide below will appear on the Ministry of Health website. Fill in all details that are relevant to your organisation (write ‘Not Applicable’) if you have no information to provide.

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| **4. Organisation name:** | |  | | |
| **5. Address of your organisation** (street and number, suburb and town/city): | |  | | |
| **6. Postal address** (if different from above): | |  | | |
| **7. Website:** | http:// | | **8. Email\*:** |  |
| **9. Phone:** | (     ) | | **10. Fax:** | (     ) |
| **11. What DHB region do you operate in?** | |  | | |
| **12. What area(s) do you serve?** (geographic area/s you work in): | |  | | |

\*Could be a generic email address, e.g. admin@provider.org.nz

**13. Please describe your organisation** (up to 75 words).

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**14. List the specific health and disability services that your organisation provides** (e.g. Whānau ora health promotion and prevention; Tamariki Ora; Sexual health; Diabetes clinic, GP etc).

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