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| **Well Child Tamariki Ora Provider Directory on the Health New Zealand website** |  |  |

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

**Email the completed form** as an attachment to [alexa.forrest-pain@tewhatuora.govt.nz](mailto:alexa.forrest-pain@tewhatuora.govt.nz)

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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 Health New Zealand 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 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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