

# Application for Section 125 Authorisation

- i** Use this form to apply for health workers to be authorised to perform medical examinations without consent, in accordance with Section 125 of the Health Act 1956 – Medical examination of children.
- i** Please **email** the completed form to [certification@health.govt.nz](mailto:certification@health.govt.nz) or **post** the complete form to HealthCert, Ministry of Health PO Box 5013, Wellington 6145

## Details of service provider

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Organisation name

Organisation postal address

Name of contact person

Contact person position

Phone number

Mobile number

Email

I have attached a Children's Act safety check employer verification form for each person requiring authorisation (listed on the reverse of this form).

Yes

No

## Declaration

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I declare that the information provided in this form is true and correct and that I have the designated authority to make this application on behalf of the applicant.

Signature

Date

# Health workers details

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**i** Please complete the table below for any workers **who require Section 125 authorisation**

Full name	Role	HPI or registration number
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**i** Please complete the table below for any workers who **no longer need** Section 125 authorisation

Full name	Role	HPI or registration number
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