



New Zealand Home Health Association Inc  
TAX INVOICE

NZHHA  
PO Box 5344  
Wellington 6145  
04 472 3196  
[info@nzhha.org.nz](mailto:info@nzhha.org.nz)

GST no 60-818-193

Date:

Invoice to: (Name)

Description: Membership Subscriptions for the year 1 July 2011 - 30 June 2012

Annual subscriptions are based on hours/units of home health services provided by your organisation in your most recent financial year. When calculating this, please include all direct service hours (including those to private clients). Do not include management, clerical or co-ordination hours. Information on number of hours is recorded confidentially on the NZHHA database. Security of information is carefully maintained.

Levels	Bands (Hours / Units Billed per annum)	GST (excl)	GST (15%)*	(GST inclusive)	Tick the band that applies
1	0 to 100,000 hrs per annum	\$1,350.00	\$202.50	\$1,552.50	
2	100,001 – 200,000 hrs per annum	\$2,700.00	\$405.00	\$3,105.00	
3	200,001 to 350,000 hrs per annum	\$4,900.00	\$735.00	\$5,635.00	
4	350,001 -500,000 hrs per annum	\$7,600.00	\$1,140.00	\$8,740.00	
5	500,001 – 750,000 hrs per annum	\$11,200.00	\$1,680.00	\$12,880.00	
6	750,001 – 1,000,000 hrs per annum	\$15,650.00	\$2,347.50	\$17,997.50	
7	More than 1,000,000 hrs per annum	\$35,750.00	\$5,362.50	\$41,112.50	

Please make payments either by cheque to:  
NZ Home Health Association:  
PO Box 5344, Lambton Quay, Wellington 6145

or by direct credit to Westpac Bank. Account no: **03 0518 0301246 00**. (Enter your organisation's name in the reference details).

**New Zealand Home Health Association  
Membership information  
as at 1 July 2011**

To renew membership, please complete the following pages and return to  
NZHHA PO Box 5344, Wellington or Fax 04 472-3176

The following information will be kept on the NZHHA database. It allows the NZHHA to confidentially consult with the appropriate contracting bodies, and to provide information we need to maintain the directory and list of certificated members on the website. Certification status, geographical and agency contracts and contact details (other than individual contact details) are added to the website provider information.

Member Organisation's name: \_\_\_\_\_

Street Address: \_\_\_\_\_

\_\_\_\_\_

Postal Address: \_\_\_\_\_

Telephone no/Fax: Tel: \_\_\_\_\_ Fax no.: \_\_\_\_\_

E-mail address:: \_\_\_\_\_

Website address: \_\_\_\_\_

Contact People: (Confidential, maintained on the database)

\Name: \_\_\_\_\_ Name: \_\_\_\_\_

Title: \_\_\_\_\_ Title: \_\_\_\_\_

Cell/DDI: \_\_\_\_\_ cell/DDI: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

**Single line catch phrase (for website promo) 250 character limit.**

\_\_\_\_\_

**Information about your services (for website promo), 1000 character limit.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Certification to NZS 8158** (Home & Community Support Sector Standard) Certification (circle and enter dates). Please note that from 1 Jul 2011 only organisations that hold current certification may gain full membership of the Association.

- Certification Achieved                      YES    NO
- Date \_\_\_\_\_ Audit Agency \_\_\_\_\_
- Re-certification achieved                YES    NO
- Date \_\_\_\_\_ Audit Agency \_\_\_\_\_
- Working towards certification        YES    NO
- Expected date for certification        \_\_\_\_\_
- Does the NZHHA have a copy of your current certificate? If not, please attach.

**Contracts with:**

- ACC:        YES    NO    If yes, geographic areas: \_\_\_\_\_
- DHB:        YES    NO    If yes, which DHB(s) \_\_\_\_\_  
\_\_\_\_\_
- MOH:        YES    NO
- Other (e.g. private)                      \_\_\_\_\_

**Date of your most recent annual return/accounts:** \_\_\_\_\_

**Number of hours of (direct) service provided in that year.** \_\_\_\_\_

**Kilometres Travelled**

Number of kms travelled in the delivery of those home health services (not including from home to first client, or home from final client) in most recent financial year? \_\_\_\_\_

**CareerForce (Community Support Services ITO Ltd)**

CareerForce funded the development of the NZHHA database and occasionally will ask us to distribute relevant training information. Please indicate whether you wish to (or not) receive CareerForce material.                **Yes    No**

**SIGNED BY AN AUTHORISED REPRESENTATIVE OF YOUR ORGANISATION**

I, as an authorised representative of the above member organisation, declare the information given to be correct. We understand and support the objectives of the NZ Home Health Association Inc.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Return this Information to NZHHA, PO BOX 5344, Wellington, Or Fax: 04 472 3176 or scan and email to: info@nzhha.org.nz