

ATTACHMENT A – APPLICATION FORM TO BE CONSIDERED A VULNERABLE CONSUMER

111 Contact Code application form

Complete this application form if you want your telecommunications provider to consider you (or someone you are applying on behalf of) to be covered by the 111 Contact Code.

The 111 Contact Code ensures that people who are more likely to need to contact 111, and who have a home phone line that doesn't work in a power failure (with no other means of contacting 111 at their house), are provided with a means to contact the 111 emergency service.

To be covered by the 111 Contact Code, a person must:

- be at particular risk of requiring the 111 emergency service (either now or sometime in the near future); and
- in the event of a power failure, not have a means to contact the 111 emergency service at their premises that can work for a continuous 8-hour period.

This form can only be completed by one of the following people:

- a customer (the account holder);
- a person who is listed as an authority on the customer's account; or
- the customer or person listed as an authority on the customer's account on behalf of someone who lives at the premises where the home phone line is supplied.

Instructions for completing from

1. Fill in Parts A, B and C of the form.
2. Complete the declaration in Part D of the form.
3. Return the completed form to the Village reception.

Part A: Personal details

1. Are you the customer
(account holder)?

Yes (fill out 3a)

No (Go to Q2)

2. Are you a person listed as an
authority on the customer's
account?

Yes (fill out 3a and 3b)

No ***You must be added as an authority to the customer's account before you make this application**

3a. Details of customer

Details of customer	
First name(s):	Preferred first name (if different):
Surname or family name:	
Title: <input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Other, please specify	
What is the customer/household account number (or equivalent) with the provider?	
What is the address receiving phone service?	
Flat Street name	
Suburb	
City	
Postcode	
Telephone:	Mobile:
Email address:	
Postal address:	
City/Town:	Postcode:

3b. Details of person listed as an authority on the customer's account

***Please only fill out this section if you are not the customer**

First name(s):	Preferred first name (if different):
Surname or family name:	
Title: <input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Other, please specify	

Telephone:	Mobile:
Email address:	
Postal address:	
City/Town:	Postcode:

4. What is the preferred method of contact (please tick)?

Home phone Mobile Mail Email

5. Are you making this

**application for yourself, or
on behalf of someone else?**

I am applying to be covered by the 111 Contact Code
(Go to Part B)

I am applying on behalf of someone else (**fill out 5a**)

5a. Details of person who wants to be covered by the 111 Contact Code

***Please only fill out this section if you are applying on behalf of someone else**

Details of person who wants to be covered by the 111 Contact Code	
First name(s):	Preferred first name (if different):
Surname or family name:	
Salutation: <input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Other, please specify	

PART B: Information on the person at particular risk

6. Please select which category most closely relates to the specific circumstance of the person who wants to be covered by the 111 Contact Code?

Health

Safety

Disability

7. Is the specific circumstance of the person permanent or temporary?

Permanent

Temporary

**If you selected 'Temporary', what is the estimated period of time the category of particular risk will apply to the person?*

Part C: Supporting information

8. What information is being provided in support of the application?

- Sufficient evidence to support that you (or the person you are applying on behalf of) is (or will become) at particular risk of requiring the 111 emergency service (**fill in 8a**)

----- **OR** -----

- Details of a nominated person we can contact to verify that you (or the person you are applying on behalf of) is (or will become) at particular risk of requiring the 111 emergency service (**fill in 8b and 8c**)

8a. Sufficient evidence to support that you (or the person you are applying on behalf of) is (or will become) at particular risk of requiring the 111 emergency service

*** Please attach this supporting evidence to your application.**

Please describe the supporting evidence you are providing:

8b. Details of nominated person

Details of a nominated person we can contact to verify that you (or the person you are applying on behalf of) is (or will become) at particular risk of requiring the 111 emergency service	
First name(s):	Surname or family name:
Occupation:	
Organisation (if applicable):	
Telephone:	Mobile:
Email address:	
Postal address:	
City/Town:	Postcode:

8c. Declaration regarding nominated person

***Please note that if you are making this application on behalf of someone else, before completing this declaration, you must have received permission from that person to authorise us to contact the nominated person**

<p>• I authorise [<i>insert provider details</i>] to contact _____ for <i>(Full name of nominated person)</i></p> <p>the purposes of verifying that I (or the person I am applying on behalf of) is (or will become) at particular risk of requiring the 111 emergency service.</p>	
Signature:	Date:

PART D: General declaration

- I acknowledge and declare that, to the best of my knowledge, the information given in this form is correct;
- I acknowledge and declare that _____:
(please insert your name here, or the person you are applying on behalf of)
 - is (or will become) at particular risk of requiring the 111 emergency service; and
 - does not have a means to contact the 111 emergency service at the premises that can be operated for a continuous 8-hour period in the event of a power failure;
- I understand that the information I have provided in this form will be stored with The Selwyn Foundation
- I understand that the information I have provided in this form may be shared with relevant third parties for the purposes of providing and managing my service.

Signature:

Date:

PART E: Approval

Village Manager Approval is needed before the residents are registered as vulnerable consumers with the commerce commission and (if required) alternative means to contact emergency services are provided.

Please sign below to confirm the information has been checked and validated.

Note for Village Reception:

**THE COMPLETED AND SIGNED FORM NEEDS TO BE SENT TO THE ICT TEAM.
PLEASE SEND THE FORM AS AN ATTACHMENT THROUGH THE HELPDESK APPLICATION**