

# APPLICATION FORM TO BE CONSIDERED A VULNERABLE CONSUMER UNDER THE 111 CONTACT CODE

## 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) as a vulnerable consumer under 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 at home to contact the 111 emergency service that can work for a continuous 8-hour period.

### Instructions for completing the application form:

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 **Scorch Communications** by email ([vulnerable@scorch.co.nz](mailto:vulnerable@scorch.co.nz)) or by post (P.O. Box 8708, Christchurch 8440, New Zealand)

**Note:** If the application is accepted but you (or the person you are applying on behalf of) reject the appropriate means (method of contacting 111) supplied to you (ie, because you don't like the look of the device), the provider can deem your application withdrawn. This means you won't be considered a vulnerable consumer and the provider doesn't need to supply a means of contacting 111. See the guidance information on page 7 for more detail.

Additional information can be found on the last page of this template. Further guidance and FAQs can be found on the Commission's [website](#).

## Part A: Applicant's personal details

### Guidance:

- The 'consumer' is the person who has a home phone at their house and who is vulnerable. This form is applying to have them registered as a vulnerable consumer under the 111 Contact Code.

**Q1. Are you filling out this form for yourself or on behalf of someone else?**

☐ Myself (**Go to Part B**)

☐ Someone else (**Complete Q2**)

**Q2. Details of person completing application form**

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

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:

**PART B: Information on the person at particular risk****Guidance**

- A vulnerable consumer is someone who is at particular risk of needing to contact the 111 emergency service, ie, they are more likely than other people to require the 111 emergency service because of a specific circumstance.
- Select the category which most closely relates to the specific circumstance of the vulnerable consumer: Health (eg, a medical condition), Safety (eg, family violence) or Disability (eg, a physical impairment).
- A person can be at particular risk either permanently (eg, a heart condition) or temporarily (eg, while recovering from surgery).
- You will need to know the customer/household account number with the provider from whom the home landline is purchased. The consumer doesn't have to be the person in the household who is named on that account. For example, a person may be named on the account but is applying to register their husband as a vulnerable consumer.

**Q3. Details of the consumer (to be considered a vulnerable consumer)**

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	
What is the customer/household account number (or equivalent) with the provider?	
Address which is receiving the residential landline service:	
City/Town:	Postcode:
Telephone:	Mobile:
Email address:	
Postal address (if different from the address receiving the residential landline service):	

**Q4. What is the consumer's preferred method of contact?**

Home phone ☐      Mobile ☐      Mail ☐      Email ☐

**Q5. Please select which category most closely relates to the specific circumstance of the consumer who wants to be covered by the 111 Contact Code?**

☐ Health (eg, medical condition)

☐ Safety (eg, family violence)

☐ Disability (eg, physical impairment)

**Q6. Is the specific circumstance of the consumer permanent or temporary?**

☐ Permanent

☐ Temporary\*

\*If you selected 'Temporary', how long is the specific circumstance expected to last for?

\_\_\_\_\_

**Part C: Supporting information****Guidance:**

- You can either provide evidence that you (or the person you are applying on behalf of) is at particular risk of needing to contact the 111 emergency service, or provide the details of a nominated person who can verify that is the case.
- If you provide evidence, you must attach it to this application form and describe what it is.
- If you provide details of a nominated person, they must be someone who has an appropriate occupation to provide an opinion on your reason. For example, a GP for a health or disability circumstance, or a practicing lawyer for the safety circumstance.

**Q7. 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 at particular risk of requiring the 111 emergency service (**Complete Q8**)

----- **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 (**Complete Q9 and Q10**)

**Q8. 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. Examples of evidence include a letter from a health practitioner, documentation of an impairment (ie, ID card), a protection letter.

Please describe the supporting evidence you are providing:

**Q9. 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):

Preferred first name (if different):

Surname or family name:

Occupation:

Organisation (if applicable):

Telephone:

Mobile:

Email address:

Postal address:

City/Town:

Postcode:

**Q10. Declaration regarding nominated person**

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

(Full name of nominated person)

- I authorise **Scorch Communications** to contact \_\_\_\_\_ for 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.

**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 \_\_\_\_\_:
  - 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 **Scorch Communications**.
- 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:**

## **Additional Guidance**

### **What are the next steps in the application process?**

Once you have completed the form, submit it to your landline provider. If the form is incomplete or unclear, the provider will come back to you seeking clarification.

Within 10 working days of receiving a complete application, the provider must inform the consumer (or the person applying on their behalf) if the application has been accepted or declined. As part of this, they must provide an overview of the dispute resolution process available.

- If the application is **accepted**, the provider must supply the vulnerable consumer an appropriate means as soon as reasonably practicable. If the vulnerable consumer rejects the appropriate means supplied, the provider can deem the application withdrawn\*.
- If the application is **declined**, the provider must state the reasons for declining, including providing sufficient information to enable the consumer to understand.

### **\* What if I reject the appropriate means that is given to me?**

Providers have to supply each vulnerable consumer with a 'means' for contacting the 111 emergency service in the event of a power failure (eg, a mobile phone). The means must be appropriate for the specific person, taking into account physical, mental and technical abilities.

The provider must also provide clear instructions and guidance on how to use the means and who to contact if there are any issues.

If a person declines an appropriate means (eg, because they don't like the look of it), then providers can deem the application 'withdrawn'. This means the person isn't considered a vulnerable consumer and isn't provided an appropriate means of contacting the 111 emergency service. That person can still reapply to be a vulnerable consumer at any point.

If there is a dispute over whether a 'means' is appropriate or not, the Telecommunications Dispute Resolution Scheme can be contacted to help find a resolution.

### **What is the Telecommunications Dispute Resolution Scheme?**

The Telecommunications Dispute Resolution Scheme is a free, independent service to help consumers with complaints about their telecommunications provider. A dispute between a consumer and a telecommunications company about their rights and obligations under the 111 Contact Code may be referred to this Scheme.

For more information on the Telecommunications Dispute Resolution Scheme you can contact us at [support@scorch.co.nz](mailto:support@scorch.co.nz) and we will refer you to where you can find more information, or you can read more about the Scheme and how to contact them on their website here: <https://www.tdr.org.nz>.

The contact details for the Telecommunications Dispute Resolution (TDR) are:

Free Phone: 0508 989898  
 Email: [contact@tdr.org.nz](mailto:contact@tdr.org.nz)  
 Website: [www.tdr.org.nz](https://www.tdr.org.nz)

### **Who should I contact if I have any questions about this form?**

Please contact us at [support@scorch.co.nz](mailto:support@scorch.co.nz) if you have any questions about the form, or the 111 Contact Code more generally.

Alternatively, you can contact the Commerce Commission at [telecommunications@comcom.govt.nz](mailto:telecommunications@comcom.govt.nz) or phone the Commission's Enquiries team on 0800 943 600.