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 Uber Group 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 ultrafast@uber.nz or mail a copy to Uber Group, PO Box 5083, Whangarei.

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111) supplied to you (ie, because you don't like the look of the device), the provider can deem your application withdrawn.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 New Zealand Commerce 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	☐ Myself (Go to Part B)
someone else?	☐ Someone else (Complete Q2)

Q2. Details of person completing application form

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

	2
First name(s):	Preferred first name (if different):
Surname or family name:	
Title: ☐Mr ☐Ms ☐Mrs ☐Miss ☐Dr [☐Other, please specify
Telephone:	Mobile:
Email address:	
Postal address:	
City/Town:	Postcode:
City/Town.	1 osteode.
PART B: Information on the person	at particular risk
Guidance	
	who is at particular risk of needing to contact the 111 emergency other people to require the 111 emergency service because of a
<u> </u>	ely relates to the specific circumstance of the vulnerable consumer: ety (eg, family violence) or Disability (eg, a physical impairment).
 A person can be at particular risk eith recovering from surgery). 	ner permanently (eg, a heart condition) or temporarily (eg, while
home landline is purchased. The cons	household account number with the provider from whom the sumer doesn't have to be the person in the household who is a person may be named on the account but is applying to register

their husband as a vulnerable consumer.

First name(s):		Preferred first name (if diffe	rent):
Surname or family nar	ne:		
Salutation: \square Mr \square N		Other, please specify	
What is the customer/	household account nur	mber (or equivalent) with th	e provider?
Address which is recei	ving the residential land	dline service:	
City/Town:		Postcode:	
City/Town.		Posicoue.	
Telephone:		Mobile:	
Email address:			
Postal address (if diffe	rent from the address r	eceiving the residential land	lline service):
O4 What is the consu	ımer's preferred metho	nd of contact?	
Q4. What is the consu	mer s preferred metho	ou of contact:	
Home phone \square	Mobile \square	Mail 🗆	Email 🗆
	ch category most closel ered by the 111 Contact	y relates to the specific circ : Code?	umstance of the consumer
☐ Health (eg, med	lical condition)		
☐ Safety (eg, fami	ly violence)		

Permane Tempora *If you Part C: Support Guidance: You can eit risk of need can verify t	
Tempora *If you Part C: Support Guidance: • You can eit risk of need can verify t	ry* selected 'Temporary', how long is the specific circumstance expected to last for? ting information ther provide evidence that you (or the person you are applying on behalf of) is at particular ding to contact the 111 emergency service, or provide the details of a nominated person wh
*If you Part C: Suppor Guidance: • You can eit risk of need can verify t	selected 'Temporary', how long is the specific circumstance expected to last for? ting information ther provide evidence that you (or the person you are applying on behalf of) is at particular ding to contact the 111 emergency service, or provide the details of a nominated person where the details of th
Part C: Support Guidance: • You can eit risk of need can verify t	ting information ther provide evidence that you (or the person you are applying on behalf of) is at particular ding to contact the 111 emergency service, or provide the details of a nominated person wh
Guidance: • You can eit risk of need can verify t	her provide evidence that you (or the person you are applying on behalf of) is at particular ling to contact the 111 emergency service, or provide the details of a nominated person wh
 You can eit risk of need can verify t 	ling to contact the 111 emergency service, or provide the details of a nominated person wh
risk of need can verify t	ling to contact the 111 emergency service, or provide the details of a nominated person wh
If you prov	
	de evidence, you must attach it to this application form and describe what it is.
occupation	ide details of a nominated person, they must be someone who has an appropriate to provide an opinion on your reason. For example, a GP for a health or disability ce, or a practicing lawyer for the safety circumstance.
Q7. What inform	nation is being provided in support of the application?
	evidence to support that you (or the person you are applying on behalf of) is at risk of requiring the 111 emergency service (Complete Q8)
	OR
applying o	a nominated person we can contact to verify that you (or the person you are on behalf of) is (or will become) at particular risk of requiring the 111 emergency omplete 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:
Trease describe the supporting evidence you	are providing.
Q9. Details of nominated person	
Details of a nominated person we can conta	ct to verify that you (or the person you are applying
	r risk of requiring the 111 emergency service
	Preferred first name (if different):
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Surname or family name:	
Surname of family marile.	
One walker	
Occupation:	
Organisation (if applicable):	
organisation (if applicable).	
Telephone:	Mobile:
·	
Email address:	
Postal address:	
City/Town:	Postsodo:
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 <u>must</u> have received permission from them to authorise us to contact the nominated person

	(Full name of nom	inated person)
I authorise Uber Group to contact purposes of verifying that I (or the pe particular risk of requiring the 111 en	erson I am applying on behalf	
Signature:	Date:	
ART D: General declaration		
I acknowledge and declare that, to the is correct;	ne best of my knowledge, the	·
I acknowledge and declare that		:
o does <u>not</u> have a means to	ticular risk of requiring the 11 o contact the 111 emergency ntinuous 8-hour period in the	service at the premises that
I understand that the information I h	ave provided in this form will	be stored with Uber Group ;
I understand that the information I had parties for the purposes of providing	·	y be shared with relevant thire
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 can be referred to this Scheme.

For more information on the Telecommunications Dispute Resolution Scheme you can contact us on 09 4385472 or 0508 BROADBAND or email ultrafast@uber.nz and we will refer you to where to 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/.

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

Please contact us on 09 4385472 or 0508 BROADBAND or email <u>ultrafast@uber.nz</u> if you have any questions about the form, or the 111 Contact Code more generally.

For further information on the 111 Contact Code, you can contact the Commerce Commission at telecommunications@comcom.govt.nz.