



111 Contact Code Application Form

The 111 Contact Code ensures that people who rely on landlines to make emergency calls have an alternative way to call 111 in the event of a power cut. If they don't have an alternative way, and are more likely to need the 111 emergency services, they can apply to their landline provider to supply them with an appropriate way to make 111 calls. To be covered by the 111 Contact Code, a person must:

1. Have a landline currently with Contact;
2. be at particular risk of requiring the 111 emergency service due to health, safety or disability reasons (either now or sometime in the near future); and
3. in the event of a power cut at their premises, have no alternative way to contact 111 which can work for a continuous 8-hour period.

If you want Contact Energy to consider you or someone in your household to be covered by the 111 Contact Code, please ask the Account Holder or someone authorised on the account to complete this form and return it by: Email (voip111@contactenergy.co.nz) OR Post (Contact Energy, PO Box 624, Wellington)

Once we've received your application, we'll get in touch to let you know whether you've met the criteria to be covered under the 111 Contact Code. Approved applications are added to our 111 Contact Code Register and we will supply you with an appropriate device to enable you to make 111 calls in the event of a power cut. If you have any questions about the 111 Contact Code, please read our FAQs at contact.co.nz/voip111.

Choosing the right device for you depends on the information you give us in your application and any other details we get later. Remember, if you turn down the device we approve for you, we can cancel your application. Then you'll have to find another option on your own or you can apply again, but make sure to provide more information to support your application.

Section One: Personal Details

1. Are you the Account Holder or someone authorised on the Account?

| | |
|--------------------------|---|
| <input type="checkbox"/> | I am the Account Holder <i>(please complete question 2 then go to Section Two)</i> |
| <input type="checkbox"/> | I am <u>not</u> the Account Holder but someone authorised on the account <i>(please complete question 2 and 3 then go to Section Two)</i> |

2. Account Holder details

| | |
|--|-------------------------|
| First name(s): | Surname or family name: |
| Title: | |
| Email address: | |
| Telephone number: | Mobile number: |
| Account number (you can find this in the Contact App or on your Contact bill): | |
| What's the address where the landline is connected? | |

3. Details of the person authorised on the account

**Please only fill this out if you are not the Account Holder but someone authorised on the account.*

| | |
|-------------------|-------------------------|
| First name(s): | Surname or family name: |
| Title: | |
| Email address: | |
| Telephone number: | Mobile number: |

Section Two: Information About the Person Who Wants to Be Covered Under the 111 Contact Code

4. Is the application for you or on behalf of someone else in the household?

| | |
|--------------------------|--|
| <input type="checkbox"/> | I am applying to be covered by the 111 Contact Code <i>(please go to question 6)</i> |
| <input type="checkbox"/> | I am applying on behalf of someone else in the household <i>(please complete question 5 then go to question 6)</i> |

5. If you are applying on behalf of someone else, please provide their details below:

**Please only fill this out if you are applying on behalf of someone else in the household*

| | |
|----------------|-------------------------|
| First name(s): | Surname or family name: |
| Title: | |

6. Please select the circumstance that best describes why you (or the person you are applying on behalf of) are at greater risk of needing the 111 emergency services?

| | |
|--------------------------|---|
| <input type="checkbox"/> | Health You or the person you're applying on behalf of are at particular risk of requiring the 111 emergency services due to <u>health reasons like a known medical condition.</u> <i>Example: Mary and Joe are pensioners living together. These days Joe is unsteady on his feet. He has fallen over a couple of times recently. Mary is active but spends most of her time at home looking after Joe. Mary is worried that the next time Joe falls he might seriously injure himself so Mary applies for Joe to be covered under the 111 Contact Code.</i> |
| <input type="checkbox"/> | Safety You or the person you're applying on behalf of are at particular risk of requiring the 111 emergency services due to <u>safety reasons like family violence.</u> <i>Example: Jennifer's father has moved back into the family home. He's been verbally and physically abusive to family members in the past and Jennifer is worried that it might happen again so she applies to be covered under the 111 Contact Code.</i> |
| <input type="checkbox"/> | Disability You or the person you're applying on behalf of are at particular risk of requiring the 111 emergency services due to <u>disability reasons including sensory, intellectual or physical impairment.</u> <i>Example: Fatima has type 2 diabetes and is in the early stages of dementia. Fatima needs to take medication every day to manage her conditions so she applies to be covered under the 111 Contact Code.</i> |

7. Is the circumstance permanent or temporary?

| | |
|---|---|
| <input type="checkbox"/> | <p>Permanent There will be no changes to the circumstance now or in the foreseeable future.</p> <p><i>Example: Sally lives with her daughter who regularly is away for work. Sally has congenital blindness which she will not recover from so her daughter applies for Sally to be covered under the 111 Contact Code.</i></p> |
| <input type="checkbox"/> | <p>Temporary The circumstance will change and is only for a set period of time.</p> <p><i>Example: Tane is booked in to have both knees replaced. He lives alone and is worried about complications or a fall and needing to access the 111 emergency service during recovery over the next three months so he applies to be covered under the 111 Contact Code.</i></p> |
| If you ticked <i>Temporary</i> how long do you think you or the person you're applying on behalf of will be in particular risk for: | |
| <p><i>*Once your temporary circumstance has ended, we will remove you from our 111 Contact Code register. If you would like to remain on the register, please get in touch with us before the end of your temporary period.</i></p> | |

Section Three: Supporting Information for The Application

8. What information are you providing to support the application that you (or the person you are applying on behalf of) are at greater risk of needing the 111 emergency service?

| | |
|--------------------------|--|
| <input type="checkbox"/> | <p>Sufficient evidence Please tell us what supporting evidence you are providing and attach a copy it with your application. Examples include a letter from a health practitioner (e.g. GP), a protection order or documentation of impairment (e.g. an ID card):</p> |
|--------------------------|--|

OR

| | | |
|---|---|-------------------------|
| <input type="checkbox"/> | <p>Details of a nominated person we can contact to verify your circumstance. The nominated person must be in an occupation that makes them competent to give their opinion on the circumstance. Examples include a health practitioner, police officer, social worker, lawyer or family court judge. Please provide their details below.</p> | |
| First name(s): | | Surname or family name: |
| Occupation: | | |
| Organisation (if applicable): | | |
| Contact phone number: | | |
| Email address: | | |
| Postal address: | | |
| <p>Declaration regarding nominated person if applicable <i>*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).</i></p> <p>I authorise Contact Energy to contact _____ (full name of the nominated person) 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.</p> | | |
| Signature: | | Date: |

Section Four: General Declaration

- I acknowledge that the person wanting to be covered by the 111 Contact Code:
 - is (or will become) at particular risk of requiring the 111 emergency service; and
 - does not have means to contact 111 emergency services at the premises that can be used for a continuous 8-hour period in the event of a power failure;
- I acknowledge and declare that, to the best of my knowledge, the information given in this form is correct;
- I understand that the information I have provided in this form will be stored with Contact Energy and may be shared with relevant third parties for the purposes of providing and managing my service. Contact collects this information in order to assess eligibility and manage its obligations under the 111 Contact Code. You have the right to ask for a copy of any personal information we hold about you, and to ask for it to be corrected if you think it is wrong. If you'd like to ask for a copy of your information, or to have it corrected, please contact us.

Signature:

Date:

Please return the form and any supporting information to us by:
Email (voip111@contactenergy.co.nz) OR Post (Contact Energy, PO Box 624, Wellington)