

# 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. Print, sign and scan the declaration in Part D of the form.
3. Return the completed form by either,
  - *Emailing the completed signed PDF and evidence to [compliance.nz@myrepublic.net](mailto:compliance.nz@myrepublic.net)*
  - *Posting the form and evidence to MyRepublic Ltd, PO Box 37540 Auckland 1151*

## 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

First names(s) \*

Preferred first name (if different): \*

Surname or family name: \*

Title: \*

Mr

Ms

Mrs

Miss

Dr

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**

**First names(s)**

**Preferred first name (if different):**

**Surname or family name:**

**Title:**

Mr

Ms

Mrs

Miss

Dr

**Telephone:**

**Mobile:**

**Email address:**

**Postal address:**

**City/Town**

**Postcode:**

**What is the preferred method of contact (please tick)? \***

Home phone

Mobile

Mail

Email

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

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

**First name(s):**

**Preffered first name (if different):**

**Surname or family name:**

**Title:**

Mr

Ms

Mrs

Miss

Dr

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

How to complete Part B

1. Read Guidance Note 1 (provided on our guide article).
2. Complete Q6 and Q7

**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

How to complete Part C:

1. Read Guidance Note 2 (provided on our guide article).
2. Complete Q8.

### 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)

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. 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) \*

\* Please attach this supporting evidence to your application.

#### 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 or 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.

I authorise MyRepublic Ltd to contact

**(Full Name of nominated person) \***

First Name      Last Name

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 \***



Month Day Year

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## PART D: General declaration

How to complete Part D:

3. Read Guidance Note 3 (provided on our guide article).
4. Complete the 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) \***

First Name      Last Name

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 MyRepublic Ltd;
- 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 \***



Month Day Year