

Complete this application form if you want your UFONE 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 will not 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:

- Have a landline telephone;
- 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.

UFONE will assess your application and let you know if you've met the criteria to be cover by the code. If so, we will add the person to our register and supply a suitable device to enable hem to make 111 calls when your internet is down.

If you don't qualify we will inform you and see if there is any other options for you.

For further information you can go to [TCF Contact code information](#) or contact the Commerce Commision.

Part A: Personal details

1. Account Holder or person Authorised on the Account

<input type="checkbox"/>	I am the customer (account holder) (complete number 2 then go to Part B)
<input type="checkbox"/>	I am not the Account Holder but am Authorised on the Account (complete number 2 & 3 then go to Part B)
<input type="checkbox"/>	I am making this application on behalf of the Account Holder

Please contact me by: Landline Mobile Mail Email

2. Account Holder Details

First Name:	Surname:
Address where landline is connected:	
Landline Number:	Mobile Number:
Email Address:	UFONE Account Number:

3. Authorised Person Details

First Name:	Surname:
Your Postal Address:	
Landline Number:	Mobile Number:
Email Address:	

Part B: Information on the person at particular risk

4. Information About the Person Who Wants to Be Covered Under the 111 Contact Code

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

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

First Name:	Surname:
Salutation:	

6. Please select the category most closely relates to the circumstance of the person to be covered by the 111 Contact Code

<input type="checkbox"/>	Health <i>(read below an example of a circumstance where this applies)</i> 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.
<input type="checkbox"/>	Safety <i>(read below an example of a circumstance where this applies)</i> 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.
<input type="checkbox"/>	Disability For example, a specific circumstance is sensory impairment, intellectual impairment, or physical impairment

7. Is the circumstance temporary or permanent?

<input type="checkbox"/>	Temporary A person may be 'at particular risk' because they have suffered a physical injury, but the person expects to recover from this injury after a certain period of time. In these circumstances, the person is only 'at particular risk' on a temporary basis.	How long will this circumstance last?
<input type="checkbox"/>	Permanent An example of a person who may be 'at particular risk' on a permanent basis is a person who has congenital blindness and will not recover.	

Part C: Supporting Information

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

<input type="checkbox"/>	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):
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OR

<input type="checkbox"/>	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 on the next page.
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Go to next page to complete details of nominated person.

Details of a nominated person we can contact to verify your circumstance.

First Name:	Surname:
Occupation:	Organisation (if applicable):
Contact Phone Number:	Email Address:
Postal Address:	
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> I authorise UFONE 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.	
Signature	Date

Part D: General Declaration

8. Please Complete the Declaration

<ul style="list-style-type: none">I acknowledge that the person wanting to be covered by the 111 Contact Code:<ul style="list-style-type: none">~ 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 UFONE and may be shared with relevant third parties for the purposes of providing and managing my service. UFONE 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

Send your completed form to:

Email: contact111@ufone.co.nz

Post: UFONE - 111 Contact Code Application
PO Box 8868
Symonds St
Auckland