StrataNet Ltd

111 Contact Code – Vulnerable Consumer Application Form

Application for a free, appropriate means of contacting 111 during a power failure

Who this is for. This form is for people who use a StrataNet residential landline service (including the StrataNet VoIP Phone Line), who are at particular risk of needing to call 111 (because of their health, safety or a disability), and who have no other way to call 111 that works for at least 8 continuous hours in a power failure.

If we accept your application, we supply and support a suitable means at no cost to you. If you reject an appropriate means that meets the Code, we may treat your application as withdrawn. You can reapply at any time.

Need help filling this in? Call us free on 0800 030 004, or email internet@stratanet.co.nz. We can complete this with you by phone, send it in large print, or accept your application in any other reasonable form. Someone you trust can apply for you.

SECTION 1 – About you (the consumer)

Full name	
StrataNet customer account number	
Full address of the premises (where the phone service is)	
Phone number	
Email address	
Best way and time to contact you	

SECTION 2 – If someone is applying on your behalf

Leave this section blank if you are applying for yourself.

Applicant's full name	
Relationship to the consumer	
Applicant's phone number	
Applicant's email address	

SECTION 3 – Your circumstance

Tick the category that best describes why you are at particular risk of needing to call 111:

- ☐ Health (for example, a known medical condition)
- ☐ Safety (for example, exposure to family violence)
- ☐ Disability (for example, a sensory, intellectual or physical impairment)

Is this circumstance:

☐ Permanent

☐ Temporary – the estimated period it will apply (for example, 6 months):

_____

Anyone else living at the premises who also needs a means to contact 111? Please give their names so we can find a solution that suits everyone (optional):

SECTION 4 – Declaration of need

Please tick to confirm:

☐ I am (or the consumer named above is) at particular risk of needing to call 111, because of the circumstance in Section 3.

☐ There is no other means for me (or the consumer) to contact 111 that can be operated for at least 8 continuous hours in a power failure at the premises. I understand "other means" can include a copper landline, a mobile phone with adequate coverage, a backup power supply (UPS), or a monitored medical or safety alarm.

SECTION 5 – Verifying your circumstance

Please provide EITHER a nominated person we can contact OR supporting evidence (or both).

Option A – Nominated person

This should be someone competent to give an opinion about your circumstance because of their occupation. For example, for health or disability a health practitioner; for safety a police officer, a currently registered social worker, a lawyer with a current practising certificate, or a family court judge.

Nominated person's full name	
Occupation	
Phone number	
Email address	

☐ I authorise StrataNet to contact the nominated person named above to verify my circumstance.

Option B – Supporting evidence

Attach one or more of the following, or describe what you are providing:

☐ A completed Notice of Potential Medically Dependent Consumer (MDC) Status form, certified by a DHB, private hospital or GP

☐ A protection order

☐ A letter from a health practitioner

☐ Documentation of impairment

☐ Other (please describe): _____

SECTION 6 – Declarations and your privacy

☐ I declare that the information I have given in this application is correct, to the best of my knowledge.

☐ I understand that StrataNet will store this information and may share it with relevant third parties only as needed to assess my application, supply and maintain a suitable means of contacting 111, and manage my service. I understand StrataNet will keep records as required by the Code. (See stratanet.co.nz/privacy-policy/)

☐ I will tell StrataNet if I no longer consider myself a vulnerable consumer, or if I obtain my own means to contact 111 in a power failure.

Signature	
Name (print)	
Date	

HOW TO SEND US YOUR APPLICATION

Email: internet@stratanet.co.nz (subject: 111 CONTACT CODE APPLICATION)

Phone: 0800 030 004 or 09 551 6868

Post or deliver: StrataNet Ltd, 26i William Pickering Drive, Albany, Auckland

What happens next: within 10 working days of receiving a complete application we will tell you whether it is accepted or declined. If accepted, we will supply an appropriate means as soon as reasonably practicable, at no cost to you. If we decline, we will tell you the reason and how to dispute the decision. If we need more information we will make reasonable efforts to help you provide it before we decline.

If you have a dispute we can't resolve: Telecommunications Dispute Resolution (TDR) – 0508 98 98 98, tdr.org.nz. You can also contact the Commerce Commission – 0800 943 600, comcom.govt.nz.

FOR STRATANET USE ONLY Date received: ____ / ____ / _____ Assessed by: _____
Decision: ☐ Accepted ☐ Declined Date decided: ____ / ____ / _____