

# 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 premise 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. Complete the declaration in Part D of the form.
3. Return the form to Arvida, PO Box 90217, Victoria St West, Auckland 1142, NZ.

**Part A: Personal details**

1. Are you the customer (account holder)?	
Yes (fill out 3a)	No (Go to Question 2)
2. Are you a person listed as an authority on the customer's account?	
Yes (fill out 3a and 3b)	No <i>*You must be added as an authority to the customer's account before you make this application</i>

<b>3. Details of customer</b>	
First name(s):	
Preferred first name: (if different)	
Surname or family name	
Title	Mr      Ms      Mrs      Miss      Dr  Other, please specify
Arvida community:	
What is your address: (for receiving the service)	
Suburb/City:	
Postcode:	
Landline phone number:	
Mobile phone number:	
Email address:	
Physical address:	
Postal address (if different from above):	

<b>3b. Details of person listed as an authority on the account</b>	
First name(s):	
Surname or family name	
Title:	Mr      Ms      Mrs      Miss      Dr  Other, please specify
Arvida community:	
What is your address: (for receiving the service)	

Suburb/City:	
Postcode:	
Landline phone number:	
Mobile phone number:	
Email address:	
Physical address:	
Postal address (if different from above):	

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

Home phone      Mobile phone      Mail      Email

**5. Are you making this application for yourself, or on behalf of someone else?**

I am applying to be covered by the 111 Code 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

I am applying on behalf of someone else (fill out 5a)

First name(s):

Preferred different name (if different):

Surname or family name:

Title:

Mr      Ms      Mrs      Miss      Dr

Other, please specify



**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 of requiring the 111-emergency service.

\* We may request you provide supporting evidence.

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 Arvida to contact

for

*(full name of nominated person)*

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**

**How to complete Part D:**

- 1. Read Guidance Notes (provided with this form).
- 2. Complete the declaration

<ul style="list-style-type: none"><li>• I acknowledge and declare that, to the best of my knowledge, the information given in this form is correct;</li><li>• I acknowledge and declare that _____ for <i>(please insert your name here, or the person you are applying on behalf of)</i></li></ul> <p>is (or will become) at particular risk of requiring the 111 emergency service; and</p> <p>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;</p> <ul style="list-style-type: none"><li>• I understand that the information I have provided in this form will be stored with Arvida;</li><li>• 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.</li></ul>	
Signature:	Date: