

# Vulnerable Customer Application Form

Please Complete this application form if you want Digital Island to consider you (or someone you are applying on behalf of) to be a vulnerable customer - 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 phone line voice service that doesn't work in a power failure (with no other means of contacting 111 at their premise), are provided with a means to contact the 111 emergency service.

**To be covered by the 111 Contact Code, a person must meet all of the following criteria:**

- Must be at particular risk of requiring the 111 emergency service (either now or sometime in the near future)
- Must work or live at the premises where Digital Island voice services are being used (eg Cloud PBX)
- Must in the event of a power failure, not have any other alternative 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 works or lives at the premises where the voice service is supplied.

## 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 \*You must be added as an authority to the customer's account before you make this application

3a. Details of customer	
First name(s)	
Surname or family name	
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Other Other, please specify
What is your Digital Island account number?	
What is the address receiving phone service?	Flat, Street name: Suburb, City: Postcode:
Landline phone number	
Mobile phone number	
Email address	
Postal address (if different from above)	

3b. Details of person listed as an authority on the account	
First name(s)	
Surname or family name	
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Other Other, please specify
Landline phone number	
Mobile phone number	
Email address	
Physical address	Flat, Street name: Suburb, City: Postcode:
Postal address (if different from above)	

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

Home ph   
  Mobile   
  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 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)	
Preferred first name (if different)	
Surname or family name	
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Other Other, please specify

## Part B - Information on the person at particular risk

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 for this?

## Part C - Supporting information

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) **OR**
- 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. Please specify why 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 some supporting evidence.

### 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

First name(s)	
Surname or family name	
Occupation	
Telephone number	
Mobile phone number	
Email address	
Postal address	Flat Street name: Suburb/City: 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 Digital Island to contact

(Full name of 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:
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### Part D - General 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)
  - 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 Digital Island;
- 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:
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