



# Medical Dependency Application for a Landline Telephone

## Purpose of this form

This application form is for Spark's Medical Dependency Register.

If you do not meet the requirements to be considered a Vulnerable Consumer, but you (or someone in your household) has a medical condition that's dependant on your landline service for critical medical support, you can apply to be placed on Spark's Medical Dependency Register instead. This will ensure you are not unduly placed at risk when connecting, disconnecting, maintaining, or repairing faults with your telecommunications service.

To find out more about the Vulnerable Consumer Register or which application form you should fill in contact Spark on 123 or visit [www.spark.co.nz/accessibility](http://www.spark.co.nz/accessibility).

## Who can fill in the form?

This form is to be completed by a medical practitioner to confirm that a patient is dependant on landline telephone access for critical medical support. Once the application is received by Spark New Zealand the account holder will be placed on Spark's Medical Dependency Register.

## Why should I sign up?

If we know you are a medically dependant person, we will take this into account if there is a problem with your line. Once you are registered on our Medical Dependency Register, we will place an alert on your account that helps us ensure we provide the correct level of support when you contact us.

## What will Spark do with my information?

We will use the information on this form for making sure the medically dependant person is not unduly placed at risk when connecting, disconnecting, maintaining and repairing faults with your telecommunications service and in accordance with our [Residential Customer Terms and Conditions](#) and [Privacy Policy](#).

Our Spark Privacy Policy sets out how we collect, hold and use personal information. Any information you provide to us in relation in this form or in relation to it will be held in accordance with those terms, the Privacy Act 1993 and the Telecommunications Information Privacy Code 2003.

## Will my information be shared?

We may tell our network providers that your account is on its Medical Dependency Register, so it is managed accordingly. The information that may be shared is your unique account identifier and if necessary, in your situation, medical details which are relevant to your connection such as the existence of a medical device.



### What do I need to do?

We recommend having a fully charged mobile phone on hand at all times or, consider purchasing a UPS (Uninterrupted Power Supply). In the case of a power outage, you can still contact 111 emergency services.

If you do not have a mobile phone or UPS, you can apply for the Vulnerable Consumer Register. If you are eligible, Spark will provide you with a device to use in the event of a power outage at no cost to you. For more information visit [www.spark.co.nz/vulnerable](http://www.spark.co.nz/vulnerable).

**Important Note:** Spark does not guarantee that alarms will work with all services, including medical alarms. Please check with the supplier to confirm compatibility.

If you are sight or physically impaired, you may be eligible for Residential Directory Assistance. To find out more go to <https://www.spark.co.nz/accessibility> under Residential directory assistance exemption: 018.

### How long will I stay on the Medical Dependency Register?

You should let us know if your circumstances change. If the name of the account holder changes you will need to apply again. We may contact you from time to time to confirm you still need to be on the register.



## Spark<sup>nz</sup> Section A - Details of the Spark Account Holder

Spark Account Holder Name:	Account Number:
Landline Telephone Number required for Medical Dependency:	
Full Name of Medically Dependant Person:	
Address of Medically Dependant Person:	Work Number:
	Mobile Number:
Next of Kin/Alternative Name in Full:	
Address of Next of Kin/Alternative Name:	Home Number:
	Work Number:
	Mobile Number:
<p>I confirm that Spark New Zealand is authorised to discuss as appropriate the following information:</p> <ol style="list-style-type: none"> <li>1. Details of my medical condition, where necessary, with a Retail Service Provider and or Network Operator.</li> <li>2. Details of the medical condition of the medically dependant person referred to above (and I confirm that person has authorised this) with the registered practitioner listed below to confirm the need for landline telephone service to remain connected at my address.</li> <li>3. Details of my medical condition and Spark account, including balance outstanding and repayment options, with the next of kin/alternative contact person listed above.</li> </ol>	
Signed by Spark account holder (as listed above): _____	

### Section B- Medical Practitioner to complete

Medical Practitioner and Designation:	
Medical Practitioner Address:	Work Number:
	Mobile Number:
Reason why this person should be added to the Medical Dependency Register:	
<p>I, _____ (medical practitioner) state that          _____ (patient) is dependant on landline telephone access for critical medical support.</p>	
Signed: _____ Date: _____	

Please email the completed application to [vulnerable@spark.co.nz](mailto:vulnerable@spark.co.nz)  
 Alternatively you can post to **Freepost 10053, Medically Dependant, Spark New Zealand, PO Box 1473, Christchurch**