



Medical Dependency Application for a Landline Telephone

Purpose of this form

Spark will use the information provided in this form to register a customer on Spark's Vulnerable End User's list.

Who can fill in the form?

This form is to be completed by a medical practitioner to confirm that a patient is dependent 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 Vulnerable End Users Register.

Why should I sign up?

If we know you are a vulnerable medically dependant person, we will take this into account if there is a problem with your line. Once you are registered on our Vulnerable End User's list, 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 vulnerable medically dependent 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 Vulnerable End User list, 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?

Some landline services are provided over a broadband connection or require mains power in the home to operate. These services will stop working if there is a broadband outage or power interruption and you will not be able to make calls to emergency services. You should think about purchasing a UPS (Uninterrupted Power Supply) to reduce the risk of losing service during a power outage. We also recommend having a fully charged mobile phone on hand at all times.

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 Vulnerable End Users 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.



Section A – Details of the Spark Account Holder

Spark^{nz}

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"> 1. Details of my medical condition, where necessary, with a Retail Service Provider and or Network Operator. 2. Details of the medical condition of the medically dependent 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. 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. <p>Signed by Spark account holder (as listed above): _____</p>	

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 Vulnerable End Users Register:	
<p>I, _____ (medical practitioner) state that _____ (patient) is dependent on landline telephone access for critical medical support.</p> <p>Signed: _____ Date: _____</p>	

Please email the completed application to vulnerable@spark.co.nz Alternatively you can post to
Freeport 10053, Vulnerable End User, Spark New Zealand, PO Box 1473, Christchurch