



Medical Dependency Form for landline

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 form is received by Spark New Zealand the account holder will be placed on Spark's Vulnerable End Users Register.

Some landline services are provided over a broadband connection or require mains power in the home to operate, and will not be available in the event a broadband or power interruption. You will not be able to make calls to emergency services. If your landline relies on power supply and it's important to you to stay connected during a power outage you can purchase a UPS (Uninterrupted Power Supply). We also recommend having a fully charged mobile phone on hand at all times.

Spark does not guarantee that Alarms and Medical alarms will work with all services. If you use either of these alarms please check with the manufacturer to confirm compatibility.

Account Holder Details –	Account Number:
Landline number required for Medical Dependency:	
Patient Name:	
Patient Address:	Work Phone:
	Mobile Phone:
Next of Kin / Alternative Name:	
Next of Kin / Alternative Address:	Home Phone:
	Work Phone:
	Mobile Phone:
<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: and if applicable 2. Details of the medical condition of the medically dependent person referred to above (and I confirm that that person has authorised this) with the registered practitioner listed below to confirm the need for landline service to remain connected at my address. 3. Details of my account, including balance outstanding and repayment options, with the Next of Kin / Alternative contact person list above <p>Signed by Spark account holder as listed above _____</p>	
Medical Practitioner and Designation:	
Medical Practitioner Address:	Work Phone:
	Mobile Phone:
Reason for requiring continuous access to Telephone service:	
<p>I, _____ (medical practitioner) state that _____ (patient) is dependant on landline access for critical medical support.</p> <p>Signed: _____ Dated: / /</p>	

Please fax/email the completed form to Spark NZ Trading Ltd at 0800 10 10 85 or email to collections@spark.co.nz. Alternatively you can post to Spark Collections, PO Box 1473, Christchurch. Our Residential Customer Terms set out our commitments to you regarding collecting, holding and using information about you. Any information you provide to us in relation to your medical condition will be held in accordance with those terms, the Privacy Act 1993 and the Telecommunications Information Privacy Code 2003