

Your application cannot be processed if your form is incomplete; please ensure that all relevant sections on all pages of this form have been completed and signed.

## Please Note:

In the event that your request for Priority Assistance is approved, but it is later revealed that you were not in fact eligible, FuzeNet reserves the right to charge you any additional costs incurred by us in the process; for instance, providing you with a priority connection or priority fault repair.

You may be charged a fee by your doctor for completion of the medical certification section of this application form. FuzeNet has been advised that Medicare benefits are payable if the completion of this section takes place during a consultation, but not if the sole purpose of the visit is to obtain medical certification.

Consult your doctor if you have any questions regarding this matter.

## A: Customer Details (please print)

FuzeNet Account Holder or Customer Representative Title (Mr/Mrs/Ms/Miss)

Surname  First Name

Address

Postcode

Position (ie carer)

Telephone number for the above residential address that you have nominated for Priority Assist ( )

Please list other numbers at the same residence (fax, Internet service etc.)

- 1) I apply for the status of Priority Customer so as to qualify for Priority Assistance on my telephone service and confirm that all of the information I have listed on this form is correct.
- 2) I confirm that I meet the criteria to be worthy of Priority Assistance, as I or another resident at the FuzeNet account holder's nominated address has a diagnosed life-threatening medical condition that leaves me/another resident at this address at a high risk of rapid deterioration to a life-threatening situation and where access to a telephone would assist in remedying this situation.
- 3) I acknowledge that FuzeNet has the right to refuse my application if I do not fulfil the eligibility criteria (which may be subject to review) and to charge any additional costs incurred in providing the priority connection or fault repair following my claim of a life threatening medical condition, where I am not eligible for this service.
- 4) I confirm that the person referred to in section C1 or C2 as having a diagnosed life-threatening medical condition lives in my household

Signature of Customer or Customer Representative (if signed on behalf of the Customer)

Please ensure that section C is also completed and signed

## B: Privacy Consent - This section must be completed for application to be processed

This section must be completed by the patient (who may or may not be the Account Holder) or your appointed Customer Representative

By signing this form, I consent to FuzeNet collecting the information provided on this form only relating to my/the patient's medical condition for the purposes mentioned above and disclosing it to the ACMA as outlined above.

Signature of \*patient / \*customer representative (delete as appropriate)  Date

The information you have listed on this form, with the exception of that which pertains to the patient's medical condition, is collected by FuzeNet, in the ordinary course of providing the services you require. Details about the privacy protections FuzeNet gives to your personal information, which FuzeNet collects in the ordinary course, are set out in our Privacy Policy (available at [www.fuzenet.com.au/policies](http://www.fuzenet.com.au/policies))

Please complete the other pages of this application form

## C: Medical Condition Confirmation. Either section C1 or C2 must be completed

Our preference is that your doctor complete section C1. In the event that you experience issues with obtaining a Medical Practitioner confirmation, you may complete section C2 instead.

### C1: Medical Practitioner Confirmation (to be completed by Medical Practitioner)

Name of Medical Practitioner	<input type="text"/>	Title	<input type="text"/>
Business Address	<input type="text"/>		
	<input type="text"/>	Postcode	<input type="text"/>
Phone	<input type="text" value="( )"/>	<input type="text" value="Official Stamp of Professional or Registration, Certificate or Membership Number"/>	
	<input type="text"/>		
I, <input type="text" value="(Medical Practitioner)"/>	certify that	<input type="text" value="(insert full name of patient)"/>	

suffers from a diagnosed life-threatening medical condition where there is a substantial increased risk of a life-threatening emergency and that meets the eligibility criteria as set out in the Priority Assistance document.

Signature of medical practitioner	<input type="text" value="X"/>	Date	<input type="text" value="/ /"/>
OR			

### C2: Statutory Declaration (FuzeNet's preference is for this declaration to be witnessed by the customer's Medical Practitioner, however you are not obliged to do so)

Statutory Declarations Act 1959

I, (Account Holder/ Customer Representative)	<input type="text"/>		
of (address)	<input type="text"/>		
	<input type="text"/>	Occupation	<input type="text"/>

make the following declaration under the Statutory Declarations Act 1959:

I have, or someone residing in my household has:

- a) been diagnosed as suffering from one of the medical conditions referred to in the Priority Assist brochure; or
- b) been diagnosed as suffering from another life-threatening medical condition and there is a high risk of a rapid deterioration to a life-threatening situation and access to a telephone would assist to remedy the life-threatening situation.

I understand that a person who intentionally makes a false statement in a statutory declaration is guilty of an offence under section 11 of the Statutory Declarations Act 1959, and I believe that the statements in this declaration are true in every particular.

Signature of declarant (account holder/customer representative making statutory declaration)	<input type="text" value="X"/>
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Declared at (place)	<input type="text"/>	on (day)	<input type="text"/>	of (month)	<input type="text"/>	(year)	<input type="text"/>
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Before me, (signature of authorised witness)	<input type="text" value="X"/>
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Full name of authorised witness (block letters)	<input type="text"/>
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Capacity in which authorised witness takes the statutory declaration (please state whether the witness is a medical practitioner, justice of the peace, solicitor, pharmacist or other authorised person)	<input type="text"/>
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Address of authorised witness	<input type="text"/>		
	<input type="text"/>	Postcode	<input type="text"/>

Please note: A person who intentionally makes a false statement in a statutory declaration is guilty of an offence, the punishment for which is imprisonment for a term of 4 years – see section 11 of the Statutory Declarations Act 1959.

Chapter 2 of the Criminal Code applies to all offences against the Statutory Declarations Act 1959 – see section 5A of the Statutory Declarations Act 1959. You should not sign this declaration except in the presence of an authorised witness. The Statutory Declarations Act 1959 provides who may witness a statutory declaration. There are a number of categories of persons listed. One category of persons who may witness a statutory declaration is medical practitioners. FuzeNet's preference is that you ask your medical practitioner to witness this declaration, however you're not obliged to do so.

## Privacy Statement for Patients

Note: References to patients are references to the individual who has the diagnosed life-threatening medical condition.

The information provided on this form relating to the patient's medical condition is collected by FuzeNet for the purpose of:

- assessing the above-mentioned customer's eligibility for Priority Assistance in respect of the relevant services;
- providing, administering and managing such Priority Assistance; and
- providing, administering and managing the services provided generally to the above-mentioned customer.

FuzeNet does not disclose information relating to the customer/patient's medical condition to third parties, except in anonymous form.

For example, FuzeNet is obliged to report to the Australian Communications and Media Authority (ACMA) the number of applications and approvals for Priority Assistance, among other things. The information provided to the ACMA will not identify the patient personally. If the information relating to the patient's medical condition (as set out in this form) is not provided to FuzeNet, we will not be able to provide Priority Assistance to the above-mentioned customer for the relevant services.

Except in certain cases, the patient may gain access to personal information about him or herself, which is held by FuzeNet, by contacting 1300 881 917. There may be a cost (which will not be excessive) associated with such access.

If you've already been provisionally tagged for Priority Assistance, please complete and return this form within 28 days from the date on which you called us and were provisionally tagged.

Please ensure all relevant sections of this application form have been completed and signed.

- Section A
- Section B
- Section C1 or C2

Your application cannot be processed until this has been done.