



# Priority Assist Application form for Individuals

Please note: the application cannot be processed until all sections have been completed and signed.  
This application form should be read in conjunction with the Priority Assist Brochure [telstra.com.au/brochure](http://telstra.com.au/brochure)

- Section A
- Section B
- Section C

For more information or for assistance in completing this form, please call 13 2200 or TTY 133 677 or visit a Telstra Store.

## Section A Customer details (complete all and sign)

Title      First Name      Surname

          

Address      Postcode

    

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

Please list other numbers at the same residence including fax, internet service etc.

Service	Number	Service	Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

01 I wish to apply for Priority Assist on my home telephone service.

02 I confirm that the person referred to in section C1 or C2, as having a diagnosed life threatening medical condition, lives in my home.

03 I acknowledge that Telstra has the right to reject my application if the eligibility criteria (as set out in the Priority Assist Brochure) have not been met or my application is incomplete or inaccurate.

04 I confirm that all of the information provided on this form is correct. I acknowledge that if Telstra approves my application and it is subsequently discovered that I was not eligible for Priority Assist, Telstra reserves the right to charge me any additional costs incurred as a result, such as providing a priority connection or priority fault repair in respect of my service.

Signature of **Customer/Customer Representative**

Date

### Section B Privacy consent (patient to sign)

Note that the information provided by you on this form, **except information relating to your/the patient's medical condition** is collected by Telstra, in the ordinary course of providing the services you require. Details about the privacy protections Telstra gives to your personal information, which Telstra collects in the ordinary course, are set out in Telstra's Privacy Statement. That statement will also be provided to new customers before or shortly after acquiring services from Telstra.

#### Privacy statement for patients

"Patient" refers 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 Telstra for the purpose of assessing the customer's eligibility for Priority Assist and for providing Telstra services to the customer, including Priority Assist.

Telstra does not ordinarily disclose information relating to the customer/patient's medical condition to third parties unless disclosure of that information is necessary in delivering a service to you or is otherwise authorised or required by law. You can read more about our privacy policy in Telstra's Privacy Statement. If the information relating to the patient's medical condition (as set out in this form) is not provided to Telstra, Telstra will not be able to provide Priority Assist.

Except in certain cases, the patient may gain access to personal information about him or herself, which is held by Telstra, by contacting 1300 112 376. There may be a cost (which will not be excessive) associated with such access.

By signing this form, I consent to Telstra collecting the information provided on this form concerning my medical condition and using that information as stated above. Note: legal guardian to sign where patient is under 18 years old.

Signature of **patient ONLY**

Date

### Section C Medical Condition confirmation (please complete either C1 OR C2, not both)

Telstra's preference is for your doctor to complete section C1. If you are having trouble obtaining this confirmation you can complete section C2 instead.

#### C1 Medical Practitioner confirmation

Title

Name of Medical Practitioner

Phone number

Business Address

Postcode

Official stamp of professional or Registration, certificate or membership number.

I,  (Medical Practitioner) certify that

(full name of patient)

suffers from a diagnosed life threatening medical condition with a high risk of rapid deterioration to a life threatening situation and where access to a telephone would assist to remedy the life-threatening situation.

The patient's life threatening medical condition is permanent:  YES  NO

Signature of Medical Practitioner

Date

**C2 Statutory Declaration (if C1 not completed)**  
Statutory declaration Act 1959

**Commonwealth of Australia statutory declaration**

I,  (customer) of

(address) and

(occupation)

make the following declaration under the Statutory Declarations Act 1959: I have, or someone who lives with me has

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

I understand the 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 (customer)

Declare at (place)

Date

Before me (signature of authorised witness)

Full name of authorised witness

Capacity which authorised witness takes the statutory declaration (please state whether the witness is a justice of the peace, solicitor, pharmacist, medical practitioner or other authorised person).

Address of authorised witness

Postcode

Please note a person who intentionally makes a false statement in 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 the 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. Telstra's preference is that you ask your medical practitioner to witness this declaration, however you're not obliged to do so.

**Section D Authorised Representatives (optional)**

As a Priority Customer we recommend that you have an authorised representative (or representatives) added to your account. This could be a family member, friend or trusted neighbour, over 18 years of age. There are varying levels of authority that you can give an authorised representative.

A fully authorised representative has authority to act on your behalf with access to personally identifiable information and all account services and assets. A fully authorised representative is permitted to make changes, add, connect or disconnect new services or other chargeable products to any billing account. You as the account holder remain financially responsible for contracts your authorised representative enters into and you are liable to pay all fees, charges and debts associated with any services the authorised representative signs up to.

Title

First Name

Surname

Address

Postcode

Telephone number

If you would like to discuss other authority options, please contact us. Once completed please return to Telstra by one of the following methods:

**Email** | Scan and send to: [priorityassistance@team.telstra.com](mailto:priorityassistance@team.telstra.com) **Fax** | 1800 623 537

**Post** | Telstra Operations  
Priority Assist  
Reply Paid 83702  
HOBART TAS 7001