

LIFE SUPPORT REGISTRATION FORM

Important Information: If you or a member of your household depends on a life support, you need to complete this form. This is to advise QEnergy that you require an uninterrupted electricity supply to operate life support equipment for the premise stated.

How to complete this form

1. Confirm with your medical practitioner that you or the person/s living at your premises has a medical condition that requires access to special electrically powered life support equipment.
2. Please fill the sheet and ensure details are clear and completed in full.
3. Have a medical practitioner fill in and sign the Medical condition confirmation section of the form.
4. Return the form via postal and send to **PO Box 3043 South Brisbane Q 4101** or scan and email to service@qenergy.com.au.

ELECTRICITY ACCOUNT HOLDER INFORMATION

CUSTOMER/ AUTHORISED PERSON DETAILS

Note: Electricity account holder for the premises to complete. Authorised/Contact Person for the Account

	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss	<input type="checkbox"/> Dr
Full Legal Name	<input type="text"/>				
Mobile	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Landline	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email Address	<input type="text"/>				

ENERGY SUPPLY ADDRESS

Supply Address	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Unit no	Street no	Street Name	Street Type
	<input type="text"/>		<input type="text"/>	<input type="text"/>
	Suburb/Town	State	Postcode	
Postal Address	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Unit no	Street no	Street Name	Street Type
	<input type="text"/>		<input type="text"/>	<input type="text"/>
	Suburb/Town	State	Postcode	

Signature

Name of Account Holder

Date Signed

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If the Authorised Representative has signed this form, please provide Authorised Representative name

PERSON WHO REQUIRES CONTACT DURING AN UNPLANNED INTERRUPTION

Where possible, during an unplanned interruption, we will contact the nominated person with an estimate of when the power to the premises will come back on. Please nominate the contact person:

Name

Landline

Email Address

Is this person:

The account holder

The person who requires life support equipment, or

Another contact person e.g. relative

LIFE SUPPORT PATIENT DETAILS

Note: Life support patient or delegate to complete. If patient is account holder, there's no need to sign again.

Name of Patient who uses Life Support Equipment

Mr

Mrs

Ms

Miss

Dr

First Name

Middle Name

Last Name

Mobile

Landline

Email Address

If you wish to register multiple persons who require life support equipment, who reside at the same premises, please contact us on **1300 698 992** to request further application forms.

MEDICAL PRACTITIONER DETAILS

Note: Registered medical practitioner to complete.

Name

Job Title/Position

Medical Provider No

Landline

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Medical Practice Address

MEDICAL CONDITION CONFIRMATION

I certify that has a medical condition and requires life support equipment with continuous access to an electricity supply.

The required life support equipment is:

- | | |
|--|---|
| <input type="checkbox"/> An oxygen concentrator | <input type="checkbox"/> A chronic positive airways pressure respirator |
| <input type="checkbox"/> A kidney dialysis machine | <input type="checkbox"/> Crigler-Najjar syndrome phototherapy equipment |
| <input type="checkbox"/> A ventolin nebuliser | <input type="checkbox"/> Other equipment required for life support
Please specify. |
| <input type="checkbox"/> A ventilator for life support | <input type="text"/> |
| <input type="checkbox"/> An intermittent peritoneal dialysis machine | |

Signature

Printed Name

Date Signed

This confirms your authorisation that the Life Support Patient resides at the premise and requires to operate a life support equipment. All information provided is to the best of their knowledge, true and accurate. This also acknowledges that the acceptance of this application by QEnergy does not guarantee the supply of electricity, and the electricity supply to the premise will be subject to outages due to storms, accidents or other circumstances beyond QEnergy's control. Your Privacy is important to us, QEnergy is in accordance with the Privacy Act 1988 (Cth) and our Privacy Policy (as amended from time to time). Our Privacy Policy and detailed privacy statements are available at www.qenergy.com.au/Customer-Charter. If you need assistance filling out this form, please call **1300 69 89 92**.