

PEOPLE ENERGY LIFE SUPPORT APPLICATION FORM

APPLICANT DETAILS

Applicant must be an electricity account holder.

Please ✓ ☐ Ms ☐ Mrs ☐ Miss ☐ Mr ☐ Other

First Name:

Last Name:

Residential Address:

Suburb:

Home Phone:

Postal Address (if different from residential address):

Suburb: Postcode:

Email Address:

**People Energy Account
Number:**

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PATIENT DETAILS

Name of Patient who uses Life Support Equipment:

Contact Phone:

MEDICAL PRACTITIONER DETAILS

Practitioner First Name:

Practitioner Last Name:

Provider Number:

Name of Patient:

Address of Patient:

Name of place where the patient was Reviewed:
(Hospital/Clinic/Practice)

Phone Number of the Place where the Patient was Reviewed:
(Hospital/Clinic/Practice)

LIST OF APPROVED LIFE SUPPORT EQUIPMENT PRESCRIBED FOR THE PATIENT

See 'attachment 1' for the list of approved Life Support Equipment's. The equipment varies based on your state requirements and will advise your equipment is not eligible.

Please Tick <input checked="" type="checkbox"/>	Equipment	Qualification
<input type="checkbox"/>	Power Wheelchair	Patient must be classified as a quadriplegic NOTE: does not include mobility scooters
<input type="checkbox"/>	Oxygen concentrators (FT)	Machine is used continuously for 24 hours a day
<input type="checkbox"/>	Oxygen concentrators (PT)	Machine is used less than 24 hours a day (part-time)
<input type="checkbox"/>	Positive Airways Pressure (PAP) Device (FT)	Machine is used continuously for 24 hours a day
<input type="checkbox"/>	Positive Airways Pressure (PAP) Device (PT)	Machine is used less than 24 hours a day (part-time)
<input type="checkbox"/>	Enteral feeding pump	-
<input type="checkbox"/>	External heart pump	-
<input type="checkbox"/>	Home dialysis	-
<input type="checkbox"/>	Phototherapy	-
<input type="checkbox"/>	Total Parenteral Nutrition (TPN) pump	-
<input type="checkbox"/>	Ventilators	NOTE: does not include nebulizers, humidifiers or vaporizers

Important: For PAP Devices and Oxygen Concentrators, please specify if the machine is used 12 hours or 24 hours a day.

MEDICAL PRACTITIONER DECLARATION

I certify that above patient requires the use of the above-mentioned life support equipment.

Signature of Medical Practitioner: Date:

APPLICANT DECLARATION AND AUTHORISATION

- All particulars provided on this application form are, to the best of my knowledge, true and correct.
- The electricity supply address for my electricity account is the primary place of residence for the above patient (if patient is different from the applicant/electricity account holder).
- I understand that this application is only valid for 24 months and will need to be renewed and validated by a medical practitioner (my GP/Specialist) after this time.
- I understand that to ensure priority of supply for the life support machine, People Energy need to provide my application details to the relevant electricity distributor.
- I will notify People Energy in writing if my circumstances change including the validity of this application or my entitlements to the Life Support Requirements.

Applicant Name (please print):

Applicant Signature: Date:

PEOPLE ENERGY LIFE SUPPORT CHECKLIST

PLEASE ✓ EACH OF THE BELOW IF YOU HAVE COMPLETED THE ACTIVITY

- ☐ I have filled in pages 1 & 2 of this application form.
- ☐ My medical practitioner has completed and signed the relevant sections.
- ☐ I have signed and dated the Applicant Declaration & Authorisation.

PRIVACY POLICY

The information being collected by People energy for purposes related to registering your premise as having Life Support requirement. Further information can be obtained from the People energy's website at www.peopleenergy.com.au

ELIGIBILITY CRITERIA

To be eligible for the Life Support Requirement a person must:

- Be a customer of People Energy or another person, who lives at the same address where approved equipment is used; and
- Submit a valid completed application form as provided by People Energy, duly signed by a registered medical practitioner (who is not the applicant) to verify that the use of the approved life support equipment is required at her or his principal place of residence.

* DISCLAIMER

People Energy cannot guarantee that the electricity at your supply address will never be interrupted. Every endeavor is made to notify in advance, but unplanned interruptions to supply may also occur without warning.

If interrupted electricity supply is essential, it is your responsibility, as the applicant, to make alternative arrangements for emergency situations.

WHERE DO I SEND MY COMPLETED FORM?

- **Send your application directly to People Energy's postal address:** Locked Bag 5757, Melbourne, VIC 3001 or email at care@peopleenergy.com.au
- **Need help filling in this form?** Call People Energy's Customer Care on 1300 788 970
- **More Information:** www.peopleenergy.com.au