



# Energy Life Support Equipment Registration Form

## 1. Energy Account Holder / Applicants Details

Customer ID

Title  Mr  Mrs  Miss  Ms Other

First Name  Surname

Date of Birth

Supply Address

Suburb  State  Postcode

Phone  Email

## 2. Parent Details / Person Requiring Life Support Equipment

Is the applicant detailed above also the Patient?  Yes  No

If no, please provide the patients details below.

In case of more than one patient, please attach additional details in the format below.

Title  Mr  Mrs  Miss  Ms Other

First Name  Surname

Date of Birth  Relationship to Applicant

Supply Address

Suburb  State  Postcode

Phone  Email

## 3. Declaration by Applicant

I hereby declare that:

- I am the Applicant named above.
- If I am not the Patient named above, I have full legal authority to act on the Patients behalf for the purpose of this application.
- All information provided on this life support equipment application is, to the best of the knowledge and belief, true, accurate and not misleading.
- I will immediately notify Utility Shop in writing if life support equipment is no longer required at the Supply Address.
- I will immediately notify Utility Shop of any changes to the contact details specific in the Sections 1 and 2.
- I consent to Utility Shop providing information concerning me, the Patient and/or this application to the relevant network operator and government agencies for purposes related to this life support equipment application.
- I consent to Utility Shop contacting the Patient's Medical Practitioner details in Section 4 in relation to this life support equipment application.
- I acknowledge and agree that I will be required to renew this life support equipment application annually (without requiring production of medical certification unless requested) and every three years (with medical certification)
- I acknowledge that life support equipment applicant which are misleading or contain misrepresentation of fraudulent statements or claim will be referred to the relevant authority for appropriate action.

Name

Signature

Date

#### 4. Medical Authorisation

This section must be completed by one of the following medical practitioners (please indicate which):

- Specialist Medical Practitioner or a practitioner working in a specialist department of a hospital
- Hospice Doctor
- Doctor/General Practitioner working on an occasional basis from a local hospital/rural health service (outside metropolitan areas)

Medical Practitioner Name	<input type="text"/>	Medical Registration No.	<input type="text"/>
Name of Hospital/Hospice/Rural Health Service (as applicable)	<input type="text"/>		
Position Title	<input type="text"/>	Phone No.	<input type="text"/>
Stamp (if applicable)	<input type="text"/>		

#### Declaration of Medical Practitioner

I  (Name of Medical Practitioner) certify that I have prescribed the following equipment to  (Name of Patient on Life Support Equipment at the address specified on this application requiring electricity necessary for the continuation of life), I consent to Utility Shop contacting me concerning the Patient and/or this certification.

- |  |  |
|--|--|
| <input type="checkbox"/> Ventilator (VP AP or BP AP only)                                  | <input type="checkbox"/> Oxygen Concentrator (Standard Capacity – Child*)                        |
| <input type="checkbox"/> Oxygen Concentrator – Standard Capacity (Adult)                   | <input type="checkbox"/> Oxygen Concentrator – High Capacity "New Life Intensity" (Adult)        |
| <input type="checkbox"/> Machine Assisted Peritoneal Dialysis Equipment (cyclor or heater) | <input type="checkbox"/> Nebuliser (For Children Only* - used every day for 1 – 2 hours per day) |
| <input type="checkbox"/> Apnea Monitor (For Children Only**)                               | <input type="checkbox"/> Suction Pump  |
| <input type="checkbox"/> Feeding Pump  | Other <input type="text"/>   |
| <input type="checkbox"/> Heart Pump  |  |

\* A Child is defined as being under the age of 16 years

Name	<input type="text"/>	Signature	<input type="text"/>	Date	<input type="text"/>
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#### 5. Send to Utility Shop

Please complete all fields, obtain medical authorization (required), sign this form and send by:

**Post** PO Box 193 Fullarton SA 5063

**Email** [accounts@utilityshop.com.au](mailto:accounts@utilityshop.com.au)

Incomplete forms will not be accepted, please visit [utilityshop.com.au](http://utilityshop.com.au) or give us a call on **08 7127 1510**

#### Important Information

- If you do not return this completed application form including medical certification, Utility Shop is unable to register your supply address as requiring life support equipment.
- Applications that are misleading or contain misrepresentations or fraudulent statements or claims will be referred to the relevant authority for operation action.
- If you are a concession card holder, you may be eligible for certain rebates/concessions. Please refer to [utilityshop.com.au](http://utilityshop.com.au) for more information

We collect your personal information in order to communicate with you (including handling or responding to your requests), provide our services to you, and otherwise facilitate our dealings and accomplish any purposes for which you have contacted us. We may be unable to perform these activities if you do not provide the personal information we request. We may disclose your personal information to third parties as necessary and appropriate in the course of performing our activities and functions. For example, we may disclose your personal information to certain contractors or agents, distributors, utility providers and related bodies corporate in some circumstances. Generally, we are not likely to disclose your personal information to overseas recipients. We may use your personal information for the purposes of direct marketing (such as to notify you about services or opportunities that may be of interest to you), and by providing us with your personal information you consent to us doing so. However, if you do not wish to receive direct marketing, please notify us or use the opt-out mechanism provided in our communications. Our Privacy Policy (which can be found on our website) contains information about how you may access your personal information held by us and seek correction of such information. It also contains information about how you may complain about a breach of the Australian Privacy Principles and how we will deal with such a complaint. If you would like further information about how we handle your personal information, please refer to our Privacy Policy or contact us.