



# 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

- Ventilator (VP AP or BP AP only)
- Oxygen Concentrator – Standard Capacity (Adult)
- Machine Assisted Peritoneal Dialysis Equipment (cyclor or heater)
- Apnea Monitor (For Children Only\*\*)
- Feeding Pump
- Oxygen Concentrator (Standard Capacity – Child\*)
- Oxygen Concentrator – High Capacity “New Life Intensity” (Adult)
- Nebuliser (For Children Only\* - used every day for 1 – 2 hours per day)
- Heart Pump
- Suction Pump

Other

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

#### 4. 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 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.

#### 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** [enquiries@sustainablesavings.com.au](mailto:enquiries@sustainablesavings.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 area 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

Signature

Date