

Life Support Equipment Registration

Section 1: Alinta Energy Account Holder/customer making this application ("Applicant")

Alinta Energy account no. _____

Name (as it appears on your bill) _____ Date of birth _____

Supply Address: Unit No. _____ Building/House No. _____

Street Name _____ Suburb _____

Postcode _____ Contact phone number _____

Postal address (if different to above) _____

Email (if applicable) _____

Section 2: Person requiring life support equipment at the supply address ("Patient")

Is the Applicant detailed above also the Patient? Yes No

If no, please provide the patient's details below (if different to Section 1 details).

If there is more than one patient, please attach additional details in the following format:

First name _____ Surname _____

Date of birth _____ Relationship to Applicant _____

Address where life support equipment is being used Unit No. _____ Building/House No. _____

Street Name _____ Suburb _____

Postcode _____ Contact phone number _____

Section 3: Declaration by Applicant

I hereby declare that:

- 1 I am the Applicant named above.
- 2 If I am not the Patient named above, I have the full legal authority to act on the Patient's behalf for the purpose of this application.
- 3 All information provided on this life support equipment application is, to the best of my knowledge and belief, true, accurate and not misleading.
- 4 I will immediately notify Alinta Energy in writing if life support equipment is no longer required at the Supply Address.
- 5 I will immediately notify Alinta Energy of any changes to the contact details specified in Sections 1 and 2.
- 6 I consent to Alinta Energy providing information concerning me, the Patient and/or this application to the network operator, Western Power and relevant government agencies for purposes related to this life support equipment application.
- 7 I consent to Alinta Energy contacting the Patient's Medical Practitioner detailed in Section 4 in relation to this life support equipment application and to that Medical Practitioner disclosing any relevant information or records concerning the Patient to Alinta Energy for those purposes.
- 8 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).
- 9 I acknowledge that life support equipment applications which are misleading or contain misrepresentations or fraudulent statements or claims will be referred to the relevant authority for appropriate action.

Signature of Applicant _____

Name (please print) _____

Date _____

Section 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

OR

Hospice Doctor

OR, outside the Perth metropolitan area:

Doctor/General Practitioner working on an occasional basis from a local hospital/rural health service.

Medical Practitioner name _____ Medical Registration no. _____

Name of Hospital/Hospice/Rural Health Service (as applicable) _____

Position title _____

Phone no. _____ Stamp (if available) _____

Medical Practitioner Declaration

I _____ (Full 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 Alinta Energy contacting me concerning the Patient and/or this certification.

Please complete all fields in the table below:

Life Support Equipment Type	Yes/No
Ventilator (VPAP or BPAP only)	
Oxygen Concentrator (Standard Capacity - Child)**	
Oxygen Concentrator Standard Capacity (Adult)	
Oxygen Concentrator - High Capacity "New Life Intensity" (Adult)	
Machine Assisted Peritoneal Dialysis Equipment (cyclor or heater)	

Life Support Equipment Type	Yes/No
Nebuliser (for adults with a tracheotomy expected to be in place for more than 6 months where nebulised therapy is required for life support purposes)	
Nebuliser (for children only - used every day for 1-2 hours per day)**	
Apnea Monitor (for children only)**	
Feeding Pump	
Heart Pump	
Suction Pump	

**A child is defined as being under the age of 16 years.

Signature of Medical Practitioner _____ Date _____

Please return the completed application to Alinta Energy:

Mail to: PO Box 8348, PERTH BC, WA 6849

Send online as an attachment at alintaenergy.com.au/lifesupportapplication

Simply complete all fields, obtain medical authorisation (as per Section 4), sign the form and then scan and attach your electronic application. Incomplete forms will not be accepted.

Please note Alinta Energy does not accept applications by fax.

For further information:

Telephone (08) 9486 3252

Website alintaenergy.com.au

If you do not speak English, please call the telephone interpreter service 1300 195 575.

TTY (08) 9221 8608 (for customers with hearing or speech difficulties).

IMPORTANT INFORMATION

- If you do not return this completed application form including medical certification, Alinta Energy 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 appropriate action.
- If you are a concession cardholder, you may be eligible for the Life Support Equipment Energy Subsidy Scheme with the Office of State Revenue (OSR). Application forms can be obtained from www.finance.wa.gov.au or by phoning the Energy Subsidies enquiry line on (08) 9262 1373.
- If you are registered for the Life Support Equipment Electricity Subsidy Scheme with the Office of State Revenue, please call Alinta Energy to ensure we have your life support details registered, as you may not be required to complete this application.

Collection of Information

To assist us to provide you with services, we need to collect personal and credit information about you. We may disclose this information to other parties (who may be located overseas); including third party providers and credit reporting bodies, and may also use your information for direct marketing purposes. We will collect, use and disclose this information in accordance with our privacy policy (which includes our credit reporting policy), and which, explains your rights to access and correct any information we store about you, report a privacy breach and opt out of receiving direct marketing. Our privacy policy is available at alintaenergy.com.au/vic/help-and-support/terms-and-conditions/privacy-policy/ or call us on 13 13 58.

We may also disclose your credit information to credit reporting bodies (CRBs) such as information about overdue payments. Our privacy policy also includes important information about credit reporting such as the details about the CRBs to whom we may disclose your credit information, the information that CRBs hold, and how you can request CRBs not to use or disclose your information for pre-screening or when you consider yourself to be victim of fraud. You can request a copy of a statement setting out the important credit reporting information by contacting us.