

Section 1: Source Energy customer making this application ("Applicant")

Business name:

Contact name:

Contact phone:

Contact email:

Account no:

NMI:

Supply Address (Unit/Street No):

Street name:

Suburb:

Postcode:

Postal Address (if different to the above):

Unit/Street No:

Street name:

Suburb:

Postcode:

Important: Notices from Western Power regarding planned interruptions of electricity supply to the Supply Address will be given to the Applicant using the details provided in Section 1. If this information changes at any time, the Applicant should advise Source Energy immediately.

Section 2: Person requiring Life Support Equipment at the Supply Address ("Patient")

Please complete the **Patient Information Form** (attached) and ensure the **Medical Authorisation** is completed for each Patient covered by this Application.

Section 3: Important Information about your Electricity Supply

Keeping you safely connected to electricity supply at all times is vital, however there may be planned or unplanned interruptions to the supply of electricity to the Supply Address.

Planned interruptions

Western Power, the network operator, is required to provide you with at least 3 business days' written notice of any planned interruption to the supply of electricity to your Supply Address.

Notice of planned interruptions will be given to the Applicant using the details provided in Section 1. Unless expressly advised by the Applicant, Western Power will use its best endeavours to obtain acknowledgement that the notice has been received, including by phone or email.

Unplanned interruptions

Unplanned interruptions to the supply of electricity to your Supply Address may occasionally occur e.g. in extreme weather events or due to accidents or incidents outside the control of Western Power.

We highly recommend you prepare an **Emergency Action Plan** in case of any unplanned interruption to supply to your Supply Address.

Emergency contact details

For threats to life:

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Emergencies and outages:

13 13 51 (Western Power: 24 hours a day, 7 days a week)

Source Energy Business Sales:

(08) 6500 1243 (Monday to Friday, 9am to 5pm)

Section 4: Declaration by Applicant

I hereby declare that:

1. I am the Applicant named in Section 1.
2. I have full legal authority to act on behalf of the Patients listed in Section 2 for the purpose of this application.
3. All information provided in this application is, to the best of my knowledge and belief, true, accurate and not misleading.
4. I will immediately notify Source Energy in writing if Life Support Equipment is no longer required at the Supply Address.
5. I will immediately notify Source Energy of any changes to the information given in Section 1 or Section 2 of this application.
6. I consent to Source Energy providing information concerning the Supply Address and the Patients listed in this application to the network operator, Western Power, and to relevant government agencies for purposes related to this application.
7. I acknowledge and agree that for each Patient listed in Section 2 of this application I will be required to:
 - a) confirm once a year that they continue to require Life Support Equipment; and
 - b) provide certification from a Medical Practitioner every three years.
8. I acknowledge that any application which is misleading or contains misrepresentations or fraudulent statements or claims may be referred to the relevant authorities for appropriate action.
9. I confirm that I have read and understood the information provided in Section 3 of this application and that I can contact Emergency Services, Western Power or Source Energy as appropriate.

Return the attachment, including the Patient Information Form for any new Life Support Patients, to Source Energy:

Email: accounts@sourceenergy.com.au
Mail: Accounts
Source Energy Co
Level 12, 2 Mill Street
PERTH WA 6000

Signature:

Name:
(please print)

Date:

Telephone: (08) 6500 1243
Website: sourceenergy.com.au

Important

If you do not return this completed application form including medical certification, Source Energy is unable to register your Supply Address as a Life Support Equipment address.

Applications that are misleading or contain misrepresentations or fraudulent statements or claims will be referred to the relevant authority for appropriate action.

Privacy Collection Notice

We collect and use your personal information to provide you with our products and services, to respond to your enquiries, to receive your feedback, to ensure we can contact you regarding your account with us, for our business operations and to comply with the law.

Where you contact us because you require (or a person living at your property requires) Life Support Equipment, we also collect from you specific information we need to administer the Life Support arrangements at your Supply Address. This includes Life Support Equipment and medical practitioner details. This information is likely to include sensitive health information. By providing this information to us, you consent to us collecting and using this information for the purposes of administering the Life Support arrangements at your Supply Address, such as sharing this information with our service providers who assist us with our business operations. Where you provide this information to us on behalf of another person, you confirm:

- that person understands and consents to our collection, use and disclosure of their information as described in this notice; or
- you have authority to provide consent on their behalf.

Our Privacy Policy is available at sourceenergy.com.au/privacy-policy and it provides further information about how we may collect, use and disclose personal information and how you can ask for access to it or seek correction of it. Our Privacy Policy also contains information about how you can make a complaint and how we will deal with any complaint. If you would like further information about our privacy policies or practices, please contact the Source Energy team via email at accounts@sourceenergy.com.au, by phone on **(08) 6500 1243**, or via the postal address set out in our Privacy Policy.

Patient Information Form

Note: A separate form must be completed for each Patient at the Supply Address.

Patient details:

First name: _____ Surname: _____

Date of birth: _____

Supply Address (Unit/Street No): _____ Street name: _____

Suburb: _____ Postcode: _____

Medical Authorisation

This section must be completed by an appropriately qualified medical practitioner.

I am a (tick as appropriate):

Specialist medical practitioner or a medical practitioner working in a specialist department of a hospital within the Perth metropolitan area;

Doctor/general practitioner working at a local hospital or rural health service outside the Perth metropolitan area;

Hospice doctor.

Medical practitioner details:

Full name: _____ Medical registration no: _____

Name of hospital/
rural health service/hospice: _____

Position title: _____

Contact email: _____

Contact phone: _____

Stamp:
(if available)

Medical Practitioner Declaration

I confirm that the Patient has been prescribed the following Life Support Equipment (tick as appropriate):

Prescribed Life Support Equipment[†]

Adult	Yes/No	Child	Yes/No
Feeding pump		Apnoea monitor	
Machine assisted peritoneal dialysis equipment		Feeding pump	
Nebuliser [^]		Machine assisted peritoneal dialysis equipment	
Suction pump		Nebuliser - only when used 1-2 hours every day	
Ventilator – VPAPA or PAPA		Suction pump	
CPAP machine*		Ventilator – VPAPA or PAPA	
Oxygen concentrator standard capacity		CPAP machine**	
Oxygen concentrator high capacity 'Newlife Intensity'		Oxygen concentrator	
Heart pump		Heart pump	

[†]Applicable Life Support Equipment is determined by the Western Australian Government. More information can be found at wa.gov.au

[^]Only when a tracheostomy is expected to be in place for more than 6 months and nebulised therapy is required for life support purposes

* Only when clinically prescribed for adults with obesity hypoventilation syndrome, tracheomalacia, obstructive sleep apnoea with sleep hypoventilation, or other life-threatening disease as determined by a specialist with usage over 4 hours per night

**Only when prescribed for severe obstructive sleep apnoea, tracheomalacia or other life-threatening disease as determined by the treating specialist

A patient that is a concession cardholder may be eligible for the Life Support Equipment Energy Subsidy Scheme with RevenueWA.

Application forms can be obtained from wa.gov.au or by phoning the energy subsidies enquiry line on (08) 9262 1373.

Signature

of medical practitioner:

Name:

(please print)

Date: