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Life Support Registration Form

Powershop New South Wales, Queensland and South Australian customers requiring the use of life support equipment must complete this form and send it back to Powershop as soon as possible.

If you do not return this Life Support Registration Form to Powershop, your property will not be afforded the relevant protections under the Rules and Code for Life Support customers.

Section 1: Powershop Account Holder information

Full name (as it appears on your Powershop account)		Powershop account number:	
Email address:		Contact phone number:	
Supply address details (address of the property Powershop supply electricity)			
Unit/ Apartment number:		Building/ House number:	
Street name:		Suburb/ Town:	
State:		Postcode:	
Postal address (if different from above)			
Unit/ Apartment number:		Building/ House number:	
Street name:		Suburb/ Town:	
State:		Postcode:	

Section 2: Person requiring Life Support Equipment

Is the person requiring Life Support Equipment the same person detailed above?
Please circle: YES or NO

If YES proceed to Section 3.

If NO please provide the persons details below and then proceed to Section 3.

First name:		Surname:	
Date of birth:		Relationship to account holder:	
Supply address details (address of the property Powershop supply electricity)			



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Unit/ Apartment number:		Building/ House number:	
Street name:		Suburb/ Town:	
State:		Postcode:	
Postal address (if different from above)			
Unit/ Apartment number:		Building/ House number:	
Street name:		Suburb/ Town:	
State:		Postcode:	

Section 3: Declaration of applicant

I hereby declare that:

1. I am the person named requiring the use of Life Support Equipment or I have full legal authority to register Life Support Equipment for the supply address specified above.
2. All information contained in this Life Support Registration form is to the best of my knowledge and understanding, true and accurate.
3. I will as soon as practicable notify Powershop via telephone, email or mail, if I, or the person requiring Life Support Equipment, no longer requires the use of Life Support Equipment at the supply address mentioned.
4. I will as soon as practicable, but no later than 2 business days prior, notify Powershop via telephone that I, or person requiring Life Support Equipment, intend on moving out of the property referred to in this Life Support Registration form.
5. I consent to Powershop providing the information contained in this Life Support Registration form to my local electricity distribution network and any other relevant government agency for the purposes related to Life Support Equipment.
6. I consent to Powershop contacting the medical practitioner detailed in section 4 of this Life Support Registration form, for the purposes of verifying the condition that requires me, or the person requiring Life Support Equipment, to use Life Support Equipment.
7. I acknowledge and agree I will ensure this Life Support Registration is current and relevant at all times.

Name: _____

Signature: _____

Date: _____



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Section 4: Medical Practitioner Authorisation

This section is to be completed by the registered medical practitioner familiar with the condition of the individual requiring Life Support Equipment and authorising the use of Life Support Equipment.

Medical Practitioner name:		Medical Registration number:	
Name of Hospital/ Hospice/ Health Service Centre:			
Position title:		Contact phone number:	

Medical Practitioner Declaration

I confirm that the individual specified on this Life Support Registration form requires the use of Life Support Equipment at the address specified on this Life Support Registration form. I confirm that the continued supply of electricity is required to ensure the safe operation of the equipment indicated below.

Equipment Type	Required (Yes or No)
Electric mobility devices for quadriplegics	
Oxygen concentrators (FT) and (PT)	
Positive Airways Pressure (PAP) Device (FT) and (PT)	
Enteral feeding pump	
External heart pump	
Home dialysis	
Phototherapy equipment	
Total Parenteral Nutrition (TPN) pump	
Ventilators	
Other – please specify:	

Name: _____ **Practitioner Number:** _____

Signature: _____

Date: _____



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IMPORTANT INFORMATION:

If Powershop does not receive a copy of this completed Life Support Registration form, Powershop may exercise its right to remove the Life Support flag from your account.

This form is not a Life Support Rebate application form. This form is purely an application to register the property as requiring Life Support Equipment. In order to obtain a rebate please complete the appropriate Life Support Rebate application form.

Please return this completed registration form to Powershop.

Email: info@powershop.com.au

Mail: Powershop
GPO Box 1639
Melbourne
Victoria 3001